

***United States Court of Appeals
for the Second Circuit***



**APPELLANT'S
BRIEF**

74-2426 ⁷⁴

ONLY COPY AVAILABLE
UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT
DOCKET NO. 74-2426

B P/S

CARRIE L. HAZZARD,
Plaintiff-Appellant

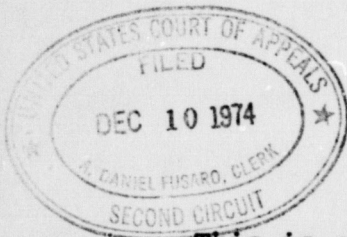
v.

CASPAR WEINBERGER, SEYMOUR FIER,
BRENDAN BYRNES, WILLIAM F. HYLAND,
WILLIAM T. SOMMERS, H. A. MCGOWAN,
JAMES A. ALLOWAY, JOHN A. MCGARRITY,
JOHN J. SPEILBERGER, MALCOLM WILSON,
LOUIS J. LEFKOWITZ, ALBERT D'ANTONI,
ROBERT F. BARRECA, FRANK MORGANO,
JOSEPH V. TERRENZIO, Dr. E. A. STERN,
MARTIN WALTERS, DONALD ALEXANDER,
ABRAHAM BEAME, JULES M. SUGARMAN,
MARTTIE LOUIS THOMPSON, ROBERT PILLER,
W. D. ULLRICH,
individually and in their official
capacities,
Defendants-Appellees.

ON APPEAL FROM THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT

APPELLANT'S BRIEF

STATEMENT



OFFICE OF CORPORATION COUNSEL

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LAW DEPARTMENT
CITY OF NEW YORK

This is an appeal from an order of the ^{U.S.} District Court For
The Southern District of New York (Hon. Milton Pollack, U. S.
D. J.) entered on September 27, 1974 based upon an opinion dated
September 27, 1974, which granted the defendants' motions to dis-
miss my complaint, Exhibit "(A)" found in (R. 412 30)

The action brought below pursuant to 42 U.S.C. 205(G) *and Soc. Sec. Reg. No. 404.958, 20 C.F.R. 404.958 (1968)*
was one to:

1. Review and set aside the decision of the hearing examiner,
for Bureau of Hearings and Appeals S.S.A., which refused to estab-
lish a period of disability through misrepresentation of facts,

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thus denying claimant award of disability benefits on her own personal working efforts and widow's disability benefits, Old age Insurance benefits, Survivor's Insurance benefits, the Federal Pension System lump sum benefits, and lump sum disability benefits accruing from her husband's disability pursuant to 202(P) of the Social Security Act, and whatever benefits claimant is entitled to under Title 2 of the Social Security Act, part of decision, pages 4, 5 and 6, is attached hereto and is marked Exhibit "(B-1)" ^{B-2-B3-B4-B5} ~~pages~~ 5 ^{(R. 35) appendix}

2. To review the decision of the Three Board Panel of Judges of the Workmen's Compensation Board, also denying benefits to this claimant for injuries (2) sustained on her job working as a chamber maid October 13, 1968 and December 22, 1968. That decision is attached hereto and is marked Exhibit "(C-A)" ^(C-B) and (C-D) ^{(R. Appendix 35 pg. (4 and 6 of Ex. 9))}

3. To review the falsified death certificate of claimant's deceased husband, Wesley Hazzard, which states in the marital status item (7) that he Hazzard, at the time of his death was "widowed". To review the abstract form of decedent's death certificate which was presented to the Surrogate's Court which is incomplete and the other documents of the Surrogate's Court's proceedings which declares that he, Wesley Hazzard had "no known next of kin," which has caused the Social Security Administration (hereinafter referred to as H.E.W.) to close both Social Security accounts that of the claimants, and that of her husband's. Exhibit "(d)" ^[in the R. "Appendix on Ex. d-1"]

Also, to review the fact that there is an erroneous Social Security number entered on the face of said falsified death certificate, which was issued by the city of Atlantic City and the State Department of the Board of Health, State of New Jersey, which is a federal violation. Ex. "~~2-1~~" ^{"d-1"} ~~ITEM 16 -~~ ~~unpublished/undisclosed~~

4. To review falsified W-2 form issued to this claimant by the city of Atlantic City, which carries no employer's name nor identifying number or address. This form carries the false Social Security number, which was issued by the city of Atlantic City, N. J., false withholding tax statements F.I.C.A., also a false address for year decedent died (this was ^{an} ~~old~~ address of decedent's); and misrepresentation of wages, etc., which is also a federal violation under 33 of Internal Revenue code, Sect. 6109(A) (1)(2)(3). ~~EX. "E" - "F" - "H" - "I" - "J".~~ (R. 35 - EX "F" 7 pgs.

STATEMENT OF ISSUES

1. Whether the appellant is dead or alive? ^{3 pgs.} EX. "K" (R. 35) ~~EX "E" - "F" - "H" - "I" - "J".~~
 - (a) Whether the claimant is the wife of deceased Wesley Hazzard?
2. Whether the appellant is under a disability?
 - (a) When did the disability begin?
3. Whether the disability is or was remedial?
4. Whether there is substantial evidence in the record to support the hearing examiner's decision rendered July 27, 1970?

(a) The Decision rendered by the appeals' counsel and supported by the final decision of the Secretary of Health, Education and Welfare?

5. Whether the State of New Jersey and its Attorney General did make a diligent search as to decedent Wesley Hazzard's widow being dead or alive and as to other next of kin. *Ex. "K"*

(a) Did the State of New Jersey prove that there were no heirs or next of kin?

6. Was decedent Wesley Hazzard's domicile in the State of New Jersey?

7. Was there a delegate or representative present at the Surrogate's Court proceedings? If so, why?

8. Was there an Internal Revenue representative present? If so, who? What was his purpose? Was there an accounting?

9. Why was not the claimant cited, as sole heir and distributee in Surrogate's court proceedings?

10. Why claimant has not been able to bring this action into the New Jersey courts, until the month of November, 1974 (Nov. 6, to be exact.)

The government of the City of Atlantic City, N. J. and H. A. McGowan did not discuss any of the foregoing vital questions nor did this claimant because they were too busy discussing the court's jurisdiction over their persons. Although she had raised these issues in her brief, they had not been presented at the time of the hearing because of the lateness of the government's papers. Therefore, she had to request time to file her brief

which was not granted before the oral hearing. She was permitted to present her brief one week later. Since all of the motions were not argued on September 13, 1974 which the claimant contemplated would be argued at a later date, due to the fact that some of the unargued motions were vital to claimant's new evidence (such as City of New York defendants, (all) including the State of New York defendants) on which part of my claims for disability is based; and since the claimant was not represented by counsel, the District Court did not consider these issues.

The District Court, however, issued certain directions as to the Social Security Administration concerning my disability after certain medical documents were presented. However, the court did not make a ruling on the medical evidence itself which was most damaging and should have rendered a defect fatal to both federal defendants H.E.W. and the New York State defendants. Refer to Exhibit "B".

The evidence furnished by Metropolitan Hospitalⁿ (although suppressed from me) applied to me by his secretary is a document dated December 24, 1968, indicates the accidents sustained on October 13, 1968 and again aggravated on December 22, 1968. ., (lumbar sacral sprain and "Hernia").

Another one of Metropolitan's medical reports dated Feb. 18, 1969 indicates that the doctor issued two restrictions:

"patient unable to perform work requiring
bending or lifting."

The hearing examiner omitted one of restriction issued by the doctor, namely, "bending."

The State of New Jersey has continuously barred this claimant from bringing an action in the New Jersey courts for almost 7 years on the pretext that I would have to have a lawyer to bring the suit. Every effort I made to start an action was blocked. Even after the Judge (Judge Shock of the Superior Court of New Jersey) signed a show cause order, he said that I would still need a lawyer and said that he was appointing one, but I never heard anything from this nor received any name officially endorsed by the court through the mail. *which is continuing to keep or deprive Claimant from collecting disability benefits.*

STATEMENT OF THE CASE

I am CARRIE L. HAZZARD, Claimant-Appellant in this case. I am 54 years of age and was born in South Carolina. I was reared in Florida, where I completed high school. I have worked as a public laundry worker which I found was against my health. I also worked as a chamber-maid -- also worked for Horn and Hardardt as a bus girl and cafeteria counter girl, etc. The above statement is a direct contradiction of the Appeals' counsel's decision dated June 10, 1971, which states on page 6 of the decision marked Exhibit "(L)" ^{3pp.} under Statement titled "Summary of the Evidence" the Appeals counsel states:

"The claimant reportedly injured her back in October, 1968. Her medical history reveals two other back injuries several years earlier. These earlier episodes were treated conservatively and did not prevent her return to work. Hospital out patient records show periodic treatment for back pain since 1956. However, following her alleged injury in October, 1968, frequency of treatment increased." This is not true. I had no trouble with my back in 1956. The problem started again with my back in 1964 and part of 1965 when

the door of my apartment fell in with me. This can be proved that I had no problem with my back at that time from the personnel records from the jobs I had at that time. the complete decisions of the hearing examiner and the appeals' counsel are falsified, erroneous and an obstruction of justice on the part of the government to uphold the criminals in the State of New Jersey and (the government itself) because of the illegal acts and crimes that they have committed against this claimant in the falsification of my husband's death certificate and the illegal procedures in the Surrogate's Court in Atlantic County, because the government knew that the death certificate was erroneous over a month before they proceeded into the Surrogate's Court declaring this plaintiff to be dead, knowing that I was indeed alive. This act was deliberate on the part of the undertaker, the city and state officials, thus, creating a case of fraud, conspiracy, perjury, and obstruction of justice. Surrogate's Court's papers marked Exhibit "(K)".

Over the years claimant has had quite a few jobs. After she married Wesley Hazzard in 1944 she continued to work until they went to Atlantic City, N. J. and in June of 1946 he, Hazzard, was hired by the City's Sanitation Dept. Claimant only worked in the summer while living with her husband. When she and her husband separated she came to New York. Then the claimant had to maintain a steady job. Altogether, her earnings amounted to approximately \$5,795.00 from 1937 through 1955... very little wages at that time. July of 1956, or approximately at that time, she began to work steady with an income of \$1,000.00 more per year. Later wages

increased and naturally she made more money. In 1968 she was earning about \$2,860.00 or more per year. Therefore, I have credits on my own work efforts of which I'm being denied. ~~She~~
~~is receiving Social Security benefits and is not eligible for~~

I contend that I am entitled to survivor's benefits under my husband's earnings record for years 1968 through 1974, under Section 202 (E) and (d) of the Social Security Act, pursuant to Social Security Regulations No. 4, Section 404.613, 20 C.F.R. Section 404.613.

Claimant contends that she is entitled to disability benefits under Sec. 223 of the Social Security Act, 42 U.S.C. Sec. 423, and for establishment of a period of disability, and a "disability freeze" under Sec. 216(i) of the act; 42 U.S.C. Sec. 416(i). Sec. 202(j)(2) and (j)(2) 42 U.S.C. 402(E)(d)(j) (2).

I am not basing my claim on applications for Widow's disability benefits filed February 26, 1969, for this claimant had not yet reached the age of 50, but primarily base this claim on application as of April 13, 1970 when claimant became of age for Widow's disability benefits also all benefits under Title 2, including survivor's benefits under Title 2, including survivor's benefits and on other various benefits of which I'm entitled to, which I contend are valid applications for all survivor's benefits on my husband's Social Security account.

STATUTE INVOLVED

Section 202(j)(2) of the act (42 U.S.C.A. 402
(j)(2))

- (2) An application for any monthly benefit under this section filed before the first month in which the applicant satisfies the requirements for such benefits shall be deemed a valid application only if the applicant satisfies the requirements for such benefits before the Secretary makes a final decision on the application. If upon final decision by the Secretary, or decision upon judicial review thereof, such applicant is found to satisfy such requirements, the application shall be deemed to have been filed in such first month.

P.L. 89-97, sec. 328(A) amended sec. 202(j)(2) in its entirety. Applicable with respect to (1) applications filed on or after July 30, 1965, (2) applications as to which the Secretary has not made a final decision before July 30, 1965, and (3) if a Civil Action with respect to final decision by the Secretary has been commenced under sec. 205(G) of the security act before July 30, 1965, applications as to which there has been no final judicial decision before July 30, 1965. For the provisions of sec. 202(j)(2) as they appeared prior to the enactment of P.L. 89-97, see p. 604, Vol. II.

REGULATION INVOLVED

20 C.F.R. 404.613. When written statement considered an application. - - - (A) Written statement filed by individual on his own behalf.

Where an individual files a written statement with the administration (see sec. 404.608) which indicates an intention to claim monthly benefits, a lump-sum death benefit, a recomputation of a primary insurance amount or to establish a period of disability, and such statement bears his signature or his mark properly witnessed, the filing of such statement, unless otherwise indicated, shall be considered to be the filing of an application for such purposes provided:

(1) The individual . . . executes a prescribed application form . . . which must be filed with the administration during the individual's lifetime and within the period prescribed in paragraph (C)(1) of this section.

* * *

(C) period within which prescribed application form must be filed After the administration has received from an individual a statement as described in paragraph (A) of (b) of the section.

(1) Notice in writing shall be sent to such individual . . . stating that an initial determination will be made with respect to such written statement if a prescribed application form executed by him . . . is filed with the administration within 6 months from the date of such notice.

SECTIONS OF CLAIMS MANUAL INVOLVED
(UNDERLINING IS MINE)

2021. Intent to make a claim . . . (A) General . . .

The intention to make a claim need not be expressed.

However, there must be some reasonable basis for inferring the intention from the context.

(C) Intent to file not clear In any case where some doubt exists about intent to file, resolve the doubt by finding an intent to file.

2022.6 - month notification -- Living claimant - - (A) General. . .

It is the policy of the S.S.A. without regard to eligibility status, to dispose of all written statements indicating an intent to claim benefits by one of the following means:

Securing an application as expeditiously as possible.

Sending a six month notice.

Obtaining a statement that the inquirer does not wish to file.

It should be kept in mind that the fact an individual is clearly ineligible may affect the type of 6-month notice, where it is appropriate to send one, but it never means that one of the above procedures should not be followed.

Whether the individual is eligible or ineligible, failure to follow one of the above procedures will mean that the written statement remains open as an application, and a proper disposition has not been made.

The claimant's application was denied by the administration and on reconsideration it was still denied. Claimant requested a hearing before a hearing examiner pursuant to Sec. 205(b) of the act, 42 U.S.C. 405(b). After a hearing held May 18, 1970, the hearing examiner denied her claim in his type-written decision Ex. "(B-1)" (three pages) which was affirmed by the Social Security Administration's Appeals Counsel and became the final decision of the Secretary. Ex. "(B-2)" ^{and 4"} (3) pages (R.35 Appendix ~~7-6p~~ ~~XXXXXXXXXX~~). She then brought this action for review of the Secretary's decision pursuant to Sec. 205(G) of the act, 42 U.S.C. 405 "(G)", in the United States District Court For the Southern District of New York. The defendants (all) moved for dismissal of claimant's complaint by a decision dated September 13, 1974, Ex. (A) (R.36) ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~. The District Court granted the defendant's motions, dismissing claimant's complaint.

The claimant now appeals to the United States Court of Appeals from the District Court's decision.

POINT I

I, the plaintiff-appellant, respectfully represents to the Court as follows:

My husband died November 20, 1967 in the city of Atlantic City, New Jersey. I applied to his job, the City Sanitation Department, Dept. of Highways, for benefits as his legal wife and sole heir, accruing to me as a result of 21 years of continuous service. I spoke to one of the sanitation officials who cited the number of years that he, Hazzard, had worked beginning June of 1946 through a couple of weeks until the time of his demise. I was told that he had no benefits; that he had two optional dates to enroll in the State of New Jersey's Retirement System, namely, 1948 and again in 1955; that he never exercised his option to enroll. Therefore, he had no benefits. The claimant asked about life insurance, accidental insurance, and all the other benefits accruing to a worker of 21 years -- and he was still actively employed when he died. She, the official, informed me that the city had amended its contract in 1960 which made the pension enrollment mandatory. However, when the claimant reminded her that that would give him coverage for 7 years plus what they collected back three or four years, she stated that "the old-timers" still had their options. I know now that this was not true and that for

and that for about two (2) years the city of Atlantic City had deceived this plaintiff. The city also suppressed the fact that the death certificate listed my husband as a "widower". I found this out (some time) in 1968.

Plaintiff found out that there was good reason on the part of the city officials to hide this fact, for they were waiting for a 40 days statute of limitations to expire so that they could proceed into the Surrogate's Court. If they had given me this information they would have had to abandon their plans so far as the Surrogate's Court was concerned, so they withheld this information. I went to the Social Security Administration to inquire as to Social Security benefits as his widow and as to whatever benefits that I was entitled to under his earnings' record.

A Social Security Administration official told me that he had only the lump sum death benefit of \$255 and stated that the Funeral Director had filed a claim for that. I didn't try to contest that for it was for burial purposes. This supervisor stated or advised this claimant: "When you reach age 62, you can collect Social Security." He said that "there are no other benefits." I didn't know anything about the benefits (and still don't know that much about the benefits) but thought that when she did file for Widow's disability benefits and her own that this was all the benefits. Now I have found out that there are several benefits, including "a government pension" System Insurance under the Social Security Act. 202 (P) I didn't know that after applying for widow's disability insurance benefits, that I could also apply for wife's benefits.

- 15 -

The Social Security laws expressly state that the administration is supposed to advise the claimant of his rights to benefits and what benefits to apply for. I have never been told by anyone as to what benefits I'm entitled. My husband did not retire.

I appeared at the local office of H.E.W. in Atlantic City, December 26, 1967. Therefore, the government knew in advance, long before the Surrogate's Court proceedings that the death certificate was erroneous because the supervisor made a note of my appearance, stating: "Wife shows up."

Still the government did nothing to prevent such a criminal act. The law clearly states:

"Silence is a form of fraud."

Now, the government is doing nothing to get this criminal act corrected. On the contrary, it is the government that is causing me a lot of trouble to prevent me from getting it cleared up.

Indeed, there is about \$100,000.00 or more with my Social Security and my husband's, that the government won't have to pay out through the years if this situation is never cleared up.

Copy of claimant's earning record, her husband's earning record is attached hereto and is marked Exhibit ~~000~~ (i) R. ~~Handwritten~~
(35) ~~Handwritten~~ "U".

On December 30, 1970 claimant initiated a court review of her husband's civil service benefits, and his workmen's compensation case. The complaint was drawn up by "legal aid", (and I might add they were improperly drawn up.) The Legal Aid attorney

omitted H.E.W. as a defendant along with many others. Claimant did not know or find out until much later that her disability was also involved because of the false statement on the death certificate.

Please take notice of the earnings record of deceased Wesley Hazzard mentioned above issued to the claimant by H.E.W., which indicates on bottom line, year of 1967, last year of earnings, which states that his earnings were \$830.76.

However, contrary to that statement, dated March 27, 1974, the City of Atlantic City, N. J.'s Sanitation Dept. issued the claimant a W-2 Form. . his last so-called withholding statement (which is as phony and falsified as the death certificate) states that he earned \$3,541.78. The W-2 Form's statement indicating residence is in conflict with the residence indicated on the death certificate. It also carries the same phony Social Security number (R.35 ^{Ex} (F). *appendix "E" of this brief.*

Claimant, ^{has already} attached hereto, copies of two documents in connection with this situation marked Exhibits (F) (G), ^{etc.} ~~Exhibits (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MM) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NN) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XX) (XY) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YX) (YY) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)~~ This is in violation of the Internal Revenue Code U.S.C.A. ~~Section 6651(a)(1) of the Internal Revenue Code, which provides that any person who neglects to pay any tax due, shall be liable to a penalty of five percent of the amount of the tax due, plus interest.~~ The W-2 Form has no name or identifying number of the employer. The phrase "reissued by Employer" accordingly to the law, is a phrase only used when an

employee has lost the form. The city officials knew that the undertaker had already filed my husband's W-2 Form. Why were these forms falsified, namely, the death certificate and the W-2 Form? Claimant seeks to review these records (R. 35) pursuant to the Federal Public Records Law, being 5 U.S.C. Sections 551 - 552 (8 Stat. 250, 1966 venue is being claimed under provisions of 28 U.S.C. Sec. 1391(E)(4)).

Because of erroneous statements made by the hearing examiner in his decision (in order to get the substantial evidence needed to deny claimant disability benefits) also the altering of Metropolitan Hospital's records (at least two medical documents) this claimant was denied her benefits. Exhibit ~~(13-2) [illegible]~~

"The claimant appeared and testified substantially as follows: The claimant stated that she wished to correct the record and pointed out that she objects to the fact that there were no findings in the Metropolitan Hospital record and also to the fact that she was referred to the Gynecology Clinic for a backache." The objections were received by the Hearing Examiner. The claimant further stated that she injured her back on October 13, 1968, while working at the Commodore Hotel. However, she continued working and worked until October 30, 1968. She then was fired and her record shows that she worked four additional days, ending December 22, 1968, at the George Washington Hotel." The claimant further stated that she worked for two days in November of 1968.

The claimant did not tell the hearing examiner that she wished to correct the record by objecting to the fact that there were no findings in the Metropolitan Hospital records, for she knew that there were findings in the hospital records to give her substantial evidence to support her claims for disability benefits. The claimant did not tell the hearing examiner that she objected to the fact that that I had been referred to the Gynecology Clinic, because that was the purpose of her going to the hospital in the first place, because

of the abdominal strain (which I told the hearing) and the inflammation that was brought on by and because of that severe strain. I knew that they would have to send the claimant to G.Y.N. to see what was wrong. Therefore, this claimant repeats her allegations that the examiner was erroneous in his summary facts."

The claimant did not tell the examiner that she worked two days in November, but that she only ~~worked~~ 1 day in November. She told the examiner that the reason she was able to work through November was because she was not sent to that heavy floor again until October 30, 1968. She refused to go back into that section and was told by the Executive Housekeeper to "either go on that floor (which was the floor where I had injured myself) or go home." I told her I would go home. The claimant stated that she did not injure herself on the job, in regards to two prior accidents she had .. one in 1951 or 1952 and another accident in December of 1964. These accidents I explained happened in the house. I said that the severe strain of October 13, 1968 and again December 22, 1968 was a recurrence of the old accidents. In other words, I meant that the strain of October, 1968 aggravated the old injuries with my back and that I had strained myself abdominally, not knowing that the inflammation was caused by (and still is at present time) hernia. I didn't know I suffered from "hernia" until July or August of 1972.

Metropolitan Hospital's records will support this fact, as I attach the medical records here to explain each or quote portions of each appended and marked.

Also in the Hearing Examiner's decision on page 4, he speaks of a hospital report from the Metropolitan Hospital which indicates the claimant's first hospital visit which was dated by the doctor, December 24, 1968. The hearing examiner quoted in his report as follows:

"A hospital report dated February 24, 1969 shows that the claimant was seen for complaints of pains and was diagnosed 'Vaginitis'".

This statement is erroneous because the hospital report that he speaks of is dated by Metropolitan doctors, December 24, 1968. The claimant received this document from the hearing examiner's office. He did, indeed, change the month of that first visit from December 24, 1968 to February 24, 1969. The hearing examiner deliberately changed the hospital's date so as to cause the claimant's first hospital visit, and setting the time two months later, inferring that the claimant did not get injured on the job (for this document clearly indicates an accident and hernia.) This document ~~is~~ ^{is} marked Exhibit "B" ^{of this lies}. The record will show that the hearing examiner's report has stated that claimant was injured October 13, 1968 and again on December 22, 1968. Ex. "(L)" pages 4 and 6. Hearing Examiner's Decision (R. 35 ~~was~~ Ex. (F)).

The hearing examiner speaks of the Bellevue Hospital's report of February 11, 1969 and I quote:

"The Bellevue Hospital report of February 11, 1969 indicates that the claimant complained of pains in her back. Dr. Benjamin Baron, M.D. reported that an examination of the lumbar spine revealed no spasm or restriction of motion."

This isn't true for claimant was in much pain abdominally as well as with pain in her back. The abdominal condition with inflammation is what caused this claimant to stop work and go to the hospital clinic in the first place. An orthopedic specialist at Bellevue Hospital X-rayed claimant, after which he asked questions concerning my back, stating that there was evidence of "old back injuries, which never healed properly."

The hearing examiner also in his decision misquoted still another one of Metropolitan Hospital's documents and I quote:

"On February 18, 1969, the orthopedic clinic at the hospital reported that an X-ray examination revealed a spinal bifido occulta which is congenital.

The only restrictions noted to claimant's employability was that she should do no heavy lifting."

This state also is erroneous, especially the part indicating the restrictions which the doctors at Metropolitan Hospital had placed upon the claimant, because that hospital report dated February 18, 1969 clearly states:

"Patient unable to perform work requiring bending or lifting."

Here, again, we see where the hearing examiner has sought to alter another Metropolitan Hospital report. Here the examiner took off a restriction and doctored up the other. ^{referred to in} Ex. "(13-5)". ~~Ex. (13-5)~~

~~Ex. (13-5)~~ The hearing examiner mentioned the fact that a report from the claimant's Union health center dated April 1, 1969 stated that it appeared that claimant was prolonging her period of disability. The hearing examiner's report stated that the doctor based his diagnosis upon objective findings rather than subjective symptoms. The claimant does not wish to dignify those statements with a comment other than to say that this doctor made no X-rays and the

claimant insisted that the doctor's examinations were hostile and rough. All diagnoses were based upon X-rayed findings by hospital doctors; Metropolitan Hospital Drs. K. Walder, M.D. and R. P. Kaval, M.D. of an orthopedic specialist's clinic in Queens, referred by Dr, Emerson Graham, M.D. also of Elmhurst, Queens and the HIP Clinic located at 1865 Amsterdam Ave., all of which have given the claimant disability.

The Appeals' Counsel's decision (R. 35 pg. 68, 69, 70 and 71) second paragraph from bottom reads:

"The claimant reportedly injured her back in October, 1968. Her medical history reveals two other back injuries several years earlier. These earlier episodes were treated conservatively and did not prevent her return to work. Hospital out patient records show periodic treatment for back pain since 1956. However, following her alleged injury in October 1968, frequency increased."

These statement are totally unfounded. Only one of the accidents was treated (1964 and a part of 1965), and I had no trouble with my back at all from 1953 through 1963, until I had the accident in December of 1964. The Appeals' Counsel's report of back pain since 1956 is unfounded, for at that time the claimant worked for Horn & Hardardt Cafeteria's as a bus girl and could not have possibly done that type of work if I was having trouble with my back. Claimant will relate other parts of this decision upon oral argument. However, there are (3) pages I have attached hereto, ~~which have been discussed in Ex. "L" of this brief, and~~ *which has already been discussed in Ex. "L" of this brief, and*

For purposes of establishing claimant's disability to the U. S. Court of Appeals, the claimant has shortened further long comments of various documents and is again introducing the medical reports to the U. S. Court of Appeals to judge and decide upon.

Claimant omitted (erroneously) Ex. "M"

They are marked Exhibits "(O)", first visit to Dr. Graham, dated 5/2/69 ("Lumbo Sacral Sprain". no X-rays "(P)" dated 5/12/69; "Lumbo Sacral Sprain" - treatments - analgesics, muscle relaxants, local heat, Lumbo Sacral Supporter. The patient has been followed in the orthopedic Clinic at Metropolitan Hospital.

"Q" dated 5/8/69: Question asked for doctor's answer:

Is there any history or pre-existing injury or disease, or physical impairment?

Doctor Graham marked the box indicating "yes". He went on to note, "injuries in the past 12 years and 5 years ago.

Question asked, present condition?

Lumbo-Sacral-Sprain. Some nature of treatments. Continuing treatment, estimate probable duration, "Indefinite."

Resume his regular work, "indefinite."

Dr. Graham explained, expressing the fact that he "Doubt whether the patient will ever be able to return to her former occupation, recommending rehabilitation treatment, referring it to Health, Education and Welfare.

"(R)" Dated: October 22, 1969, X-rayed report, consisting of (3) pages, diagnosed as

- (1) An increased lumbar lordotic curve ~~increased lumbar lordotic curve~~)
- (2) An increased lumbo sacral angle
- (3) A Spina Bifida occulta of L-5 and
- (4) Narrowing of the interspace between L-5

Dr. Walder noted that

"The patient presented findings of a chronic recurrent Lumbo Sacral Strain. The doctor recommended and commented the patient it still in need of therapeutic treatment, consisting of muscle strengthening and

and stretching exercises, hot packs, and electrical stimulation to the lower back muscles. The patient should also intermittently wear a low back support, preferably of the William's type of variety.

It is not possible to state which injury produced which portion of her present condition. It seems to me that both injuries sustained on October 13, 1968 and on December 22, 1968 contributed to her present condition."

"When seen by me today the patient was totally disabled."

"(S)" Dated 1 - 16, 1970 "patient still totally disabled."

"(T)" Dated: 2/12/1970 continue with physiotherapy.

"(U)" Dated: 3/16/70 patient still totally disabled.

"(V)" Dated: 10/27/70 from HIP Clinic, 1865 Amsterdam Ave. *found in Shortened record mentioned below No. 18-13*
Patient is disabled.

"(W)" Dated: 2/2/71 Also from HIP Clinic, patient is disabled;
Approximate length of incapacity
"undetermined"

"(X)" Dated December 21, 1972, letter from Surgical Clinic referring to operation, Delefield Hospital.

"(Y)" Dated: January 18, 1973, another letter or reminder from Delefield Hospital.

"(Z)" Dated: April 7, 1970, Notice of Referee Hearing Part 17
and

"(Z-1)" Notice of Referee's decision dated 5/4/70 denying claimant the right to compensation. *Referred to on pg. 2 paragraph No. 2*

SHORTENED RECORD FOR APPELLATE STATE DIVISION
OF SUPREME COURT, FOR WORKMEN'S COMPENSATION
BOARD'S APPROVAL *EXC-B*

"(Z-2)" Board's Decision dated October 13, 1970 denying claimant

the right to compensation, stating that the decision is based upon claimant's non-job injury, *and as an afterthought; front of brief pg. 2 EXC-d*

"(Z-3)" The Shortened Record which was sent in approximately August or September, 1971, which was also denied consisting of

21 pages, and the brief explains to the Appellate Division the medical documents and letters pertaining to claimant's case.

Therefore, the claimant finds it self-explanatory including the Boards' rejection of substantial evidence to be presented to the Appellate Division including medical documents, all of which denotes gross negligence on the part of Workmen's Compensation Board. Plaintiff did not know that she was suffering from hernia. She knew that something was terribly wrong with her abdominally.

Trusting that this honorable court will remand this case back to the Secretary for the award of disability benefits and for a hearing on the matter of her marital status, due to the fact that the death certificate is fraudulent and cannot stand.

Trusting that the court will liberally construe claimant's appeal due to the fact that she is pro se and grant claimant relief in both Social Security and Workmen's Compensation, for it is clear that the hearing examiner does not have substantial evidence in the record to support his findings. Claimant prays that the Court will exercise its discretion liberally in regards to the granting of relief in favor of the claimant, and grant what relief it deems just and proper.

The (R. shows that Judge Schock, of the State Supreme Court in Trenton, N. J. refused to sign order to show cause, and plaintiff have ~~submitted~~ ^{added} him, and the three Board panel of the Workmen's Compensation Board, who denied claimant's claim. ~~There is no evidence in the record to support his findings.~~

~~knowing~~ Knowing that the Court, looking into all of this situation, can readily see the injustice that has been done and will please (as it has the inherent power) untie claimant's livelihood that she may be able to collect benefits that are lawfully hers accruing to her from the death of her husband *and under her own working efforts.*

claim benefits by one of the following means:

- 25 -

POINT II

AT THE LEAST, THE CASE SHOULD BE REMANDED
TO THE SECRETARY FOR THE RECEPTION OF
FURTHER EVIDENCE

Claimant has met her statutory burden of proving that she is disabled, within the meaning of the statute, before the expiration of her insured status as the administration now claims has run out as of November 30, 1974. My disability has been and was proven by medical documentation long ago as the record so reflects.

Claimant direct the courts attention to last Exhibit "22" "The Supplemental Security Income Payment Decision, based on blind, disabled and age 65"

Otherwise, it would not have been necessary for the hearing examiner to alter Metropolitan Hospital's two (2) medical reports.

It is claimant's position that this Court should reverse the Secretary's findings and hold that she is entitled to disability benefits under the act. Even if, however, this Court finds that she has not met the burden of persuasion imposed upon her by the statute, it has the power under Sec. 205(G) of the act, 42 U.S.C. Sec. 405(g) on "Good Cause" shown, (to) order additional evidence to be taken before the Secretary." This is clearly a case where such good cause exists. *(medical documents from beginning of her disability)*

Trusting that the Court will grant relief in favor of the Claimant,

Claimant asks the Court to please place this case on the trial calendar.

State of New York, County of New York

Dated: December 10, 1974
New York, New York

Louis P. Morrison

LOUIS P. MORRISON
Notary Public, State of New York
No. 312781700
Qualified in New York County
Commission Expires March 30, 1975

STATE OF NEW YORK
COUNTY OF NEW YORK

SUBSCRIBED AND SWORN TO BEFORE ME New York, N. Y. 10038

THIS 10 DAY OF Dec 1974

Louis P. Morrison
NOTARY PUBLIC

Respectfully submitted,

Carrie L. Hazzard

CARRIE L. HAZZARD
Claimant-Appellant
15 St. James Place
New York, N. Y. 10038

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
Office of the Clerk
United States Court House,
Foley Square
New York, N.Y. 10037

CARRIE HAZZARD
15 St James Place
N.Y., N.Y. 10038

Date Sept 27, 1974

Title: CARRIE L. HAZZARD -v- CASPER WEINBERG ,ETAL,

Packet Number: PRO SE 74 civ 2075

Decision dated: Sept 27, 1974

Judge POLLACK

Sir:

There is enclosed herewith, copy of decision
filed and entered in the above-entitled proceeding.

Very truly yours,

RAYMOND F. BURGHARDT
Clerk

by: Deputy Pro Se Clerk

Ex. "A" /

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

CARRIE L. HAZZARD,

Plaintiff,

v.

HON. CASPER WEINBERGER, ET AL,

Defendant.

74 Civ. 2075 (MP)

MEMORANDUM

Milton Pollack, District Judge.

Sixteen of the 23 defendants involved in this action move to dismiss the complaint, as amended, six others having filed answers and one defendant not having been properly served. The moving defendants are Casper Weinberger, Secretary of Health, Education, and Welfare; Seymour Fier, a Social Security Hearing Examiner; John Spielberg, an Internal Revenue official; Donald Alexander, Commissioner of Internal Revenue; Malcolm Wilson, Governor of New York; Louis Lefkowitz, Attorney General of New York; Albert D'Antoni, Chairman of the New York State Workmen's Compensation Board; Brendan Byrnes, Governor of New Jersey; William Hyland, Attorney General of New Jersey; James

Alloway, President of the New Jersey Association of Police Service; John McGarrity, Assistant Director of the New Jersey Division of Pensions, Department of the Treasury; John Ullrick, an official of New Jersey's Workmen's Compensation Board; William Sommers, Mayor of Atlantic City; John McGowan, City Comptroller of Atlantic City; Frank Norgano, an employee of General Fire & Casualty Company; and Martin Walters, former manager of the Paris Hotel. Answering defendants are Abraham Beame, Mayor of New York City; Joseph Terrenzio, Commissioner for New York City Department of Hospitals; Jule Sugarman, an official of the New York City Department of Social Services; Edward Stern, Director of Ambulatory Services, Metropolitan Hospital; Martie Thompson, Director of Community Action for Legal Services; Robert Barreca, Claims Adjuster for General Fire & Casualty Company. Robert Piller was not properly served.

Plaintiff sues pro se on a number of alleged grievances, some of them barred by prior adjudications in previous litigation. The complaint alleges the grievances to be overt acts in a criminal conspiracy participated in

by every defendant to violate her civil rights. Jurisdiction is apparently claimed to exist under 28 U.S.C. §1343, which gives federal courts the power to hear allegations framed under 42 U.S.C. §§1983 and 1985 and on rights guaranteed by the United States Constitution allegedly violated by persons acting under state law.

The plaintiff's complaint charges, inter alia, in a potpourri that her husband's death certificate erroneously lists him as widowed, that the error is a compensable tort committed by New Jersey and Atlantic City officials, that she has been wrongfully denied pension benefits as her husband's widow, that he in his lifetime had a claim for disability benefits to which she is heir, that she has a claim for widow's benefits under the Social Security Act, that she has been denied benefits for injury in an industrial accident under New York Workman's Compensation laws and the Social Security Act and that she has been otherwise damaged by the failure of the authorities to disclose to her that she suffered a hernia in that accident, that she has been incompetently represented by legal counsel, that a former employer failed to report

HOSPITAL

PATIENT

STATEMENT OF TREATMENT

Date April 10, 1969

Name Carrie Howard

withholding from her wages, and that she is entitled to a tax refund.

In that portion of her complaint directly dealing with the named New Jersey state officials, plaintiff has copied, almost verbatim, the complaint presented on her behalf in an earlier action. Hazzard v. City of Atlantic City, et al., Civ. 1052-71 (D. N.J. Nov. 11, 1971). (These allegations concern the death certificate and the alleged pension and disability benefits connected with her husband's employment by Atlantic City.) In that earlier action, Judge Cohen dismissed the complaint and rendered summary judgment for the defendants therein.

Essentially the same grievances were made the subject of a second action by the plaintiff instituted in this District. Judge Frankel dismissed the complaint thereon, on several grounds, noting as to the New Jersey defendants that "the defense of res judicata appears to be independently dispositive." (At 13) Hazzard v. Commodore Hotel, et al., Pro Se 72 Civ. 746 (S.D. N.Y. Dec. 5, 1972), cert. denied, 414 U.S. 1134 (1974), petition for rehearing denied, U.S. Sup. Ct., 73-5624

(Mar. 18, 1974), appeal dismissed for lack of prosecution, 73-1045 (2d Cir. May 21, 1974). This suit is now her third attempt, and a fortiori, plaintiff's allegations concerning the New Jersey defendants are barred by res judicata. Though the named parties in this suit are in some cases different from those named in earlier actions, one not a party to a prior suit can claim the protection of res judicata "if the party against whom it is raised has had a full and fair opportunity to contest the issue[s]..." Ritchie v. Landau, 475 F.2d 151 at 155 (2d Cir. 1973).

Plaintiff stressed in oral argument, and it also appears from her papers, that she sues each defendant in his official capacity. This Court's "remedial power, consistent with the Eleventh Amendment ... may not include a retroactive award which requires the payment of funds from the state treasury." Edelman v. Jordan, 42 U.S.L.W. 4419 (Mar. 25, 1974). Thus plaintiff's claims against New York and New Jersey state officials are barred by the Eleventh Amendment.

The complaint in this action arguably petitions for review of denial of Social Security benefits. However, 42 U.S.C. §405(g) and (h) limits this Court's jurisdiction

to review Social Security cases to those situations where petitioner has properly exhausted his or her administrative remedies and where the civil action for review is commenced within sixty days after notification of the final adverse decision as to the claim. Plaintiff appears to have filed several claims with the Social Security Administration -- two of these are reportedly now pending. As to each such claim she has either failed to exhaust her administrative remedies or has failed to bring her civil action within sixty days after final disallowance by the Administration.

Possibly, the complaint in this action may be read as presenting a claim for federal income tax refund. However, 26 U.S.C. §7422(a) states that no proceeding shall be maintained in any Court for the recovery of taxes paid erroneously "until a claim for refund or credit has been duly filed..." Plaintiff has failed to allege the filing of a tax claim with the Internal Revenue Service; thus this Court is without jurisdiction to consider her quest for a tax refund. Mondschein v. United States, 338 F. Supp. 786 (E.D. N.Y. 1971), aff'd per curiam 469 F.2d 1394 (2d Cir. 1973).



The complaint might be liberally construed to include a claim for Workmen's Compensation benefits under New York law. Plaintiff, however, has not alleged proper exhaustion of administrative and state court remedies in connection with this claim. While exhaustion of such remedies is not a prerequisite for jurisdiction of claims framed under 42 U.S.C. §§1983 and 1985, Powell v. Workmen's Compensation Bd., 327 F.2d 131, 135 (2d Cir. 1964), the conspiracy allegations here are so vague and conclusory as to foreclose that avenue towards federal court jurisdiction over the claim.

The vague and conclusory allegations plaintiff presents in her complaint are not sufficient to give this Court jurisdiction over the subject matter of the conspiracy charges under 42 U.S.C. §§1983 and 1985. Powell v. Workmen's Compensation Bd., 327 F.2d 131, 137 (2d Cir. 1964); Powell v. Jarvis, 460 F.2d 551, 553 (2d Cir. 1972).

Plaintiff is suing the Mayor and Comptroller of Atlantic City for acts or omissions committed in their official capacities. Service was made in New Jersey

on these defendants, who are residents of New Jersey. Since this Court must dismiss those clauses in the complaint that allege general conspiratorial responsibility among all defendants for each other's acts, the tortious activity alleged against these two defendants would not give a New York state court jurisdiction over these two defendants. The activity alleged to be tortious was neither within the state nor outside the state with reasonably foreseeable consequences within the state. See N.Y.C.P.L.R. §320(3). Absent an applicable special rule, jurisdiction of a federal court is coextensive with that of a state court in the state in which the federal court sits. Fed. R. Civ. P., Rule 4.

One of the two defendants against whom plaintiff seeks default judgments, one, Robert Piller, was not sufficiently served with process, and the other, Frank Morgano, filed his motion to dismiss two days late. It is within the discretion of the Court to deny motions for default judgment especially where no prejudice is shown and it appears that defendants have substantial defenses. See, e.g., Albert Levine Associates, Inc. v. Kershner,

45 F.R.D. 450 (S.D.N.Y. 1968). Plaintiff's motion to enter default judgments against defendants Piller and Morgano is denied.

In accordance with this opinion this suit is entirely dismissed as against every defendant named herein. (1) The motion to dismiss brought by the United States Attorney for defendants Weinberger, Fier, Spielberger, and Alexander, is granted on grounds that this Court lacks jurisdiction in accord with the respective statutes over the conspiracy claims, the Social Security review petition, and the purported action for refund of federal income taxes. (2) The motion to dismiss brought by the New York Attorney General for defendants Wilson, Lefkowitz, and D'Antoni, is granted on grounds that this Court lacks jurisdiction over the conspiracy charges, that the claim for Workmen's Compensation benefits is not properly before this Court, and that in these circumstances suit against state officials is barred by the Eleventh Amendment. (3) The motion to dismiss and for summary judgment brought by the New Jersey Attorney General for defendants Byrnes, Hyland, Alloway, McGarrity, and Ullrick^{1/} is

1/ The New Jersey Attorney General also answered erroneously for Robert Piller, a former attorney for MFY Legal Services in New York. The error, occasioned by the complaint's somewhat confusing caption, seems to have caused no prejudice to any party. Mr. Piller was never served in this action.

granted on grounds of lack of subject matter jurisdiction over the conspiracy charges, of res judicata as to those substantive claims against New Jersey officials, and of the bar of the Eleventh Amendment noted supra.

(4) Defendant Morgano's motion to dismiss is granted on the grounds that this Court lacks jurisdiction over the conspiracy charges against him. (5) The motion of defendants Somers and McGowan for dismissal for lack of jurisdiction over their persons is granted.

(6) Defendant Walters' pro se motion to dismiss on the grounds that no cause of action is stated as to him is granted. (7) Plaintiff's motion for default judgments is denied.

Defendants Beame, Terrenzio, Sugarman, Stern, Barreca, and Thompson have not moved to dismiss this complaint. Defendant Piller has not been properly served. There are no allegations in the complaint that any of these defendants committed any acts under color of state law. Consequently, this Court does not have jurisdiction over the subject matter of the charges against them under 28 U.S.C. §1343. Walker v. Bank of America National

Trust & Savings Association, 268 F.2d 16 (9th Cir.),
cert. denied 361 U.S. 903 (1959). Since there is no
diversity of citizenship in this case, the complaint
as to these defendants must be dismissed for want of
jurisdiction.

SO ORDERED.

September 27, 1974
1

Milton Pollack
U.S. District Judge

APPEARANCES:

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New York, N.Y. 10007

By: Quentin Stewart, Esq.

MARTIN WALTERS, Pro Se

MILTON POLLACK, District Judge.

Section 223(d)(3) further states, "For purposes of this subsection, a 'physical or mental impairment' is an impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques."

SUMMARY OF TESTIMONY

The claimant appeared and testified substantially as follows: The claimant stated that she wished to correct the record and pointed out that she objects to the fact that there were no findings in the Metropolitan Hospital record and also to the fact that she was referred to the Gynecology Clinic for a backache. The objections were received by the Hearing Examiner. The claimant further stated that she injured her back on October 13, 1968, while working at the Commodore Hotel. However, she continued working and worked until October 30, 1968. She then was fired and her record shows that she worked for four additional days, ending December 22, 1968, at the George Washington Hotel. The claimant further stated that she worked for two days in November of 1968. The claimant stated that she was born April 13, 1920 in South Carolina, and has a high school education. She is able to read and write. She has worked on and off over the past 30 years as a chambermaid and in public laundry work. She further states that she has not worked since December 22, 1968, and although she filed for Workmen's Compensation benefits, the request was denied because it was stated that she did not injure herself on the job. The claimant pointed out, however, that she was receiving disability benefits from her union from December 24, 1968 until about March 11, 1968, and she had been going to the doctor on and off. The claimant indicated that she presently complains of pain in her right leg, radiating down to the foot and also across the lumbosacral area of the lower back. She stated that she had been taking some medication for the alleviation of the pain. The claimant states that she has not been back to the doctor except for examination in the recent past. However, she did go to Dr. Walder for treatment last week. The claimant lives alone in a two-room apartment and states that on some mornings, she cannot get out of bed. Further, she states that she does the household chores, cooking, shopping and cleaning only because there is no one there to do it for her. The claimant stated that she lives on the second floor and negotiates the winding staircase about once a day. She stated, further, that her condition has improved to some extent since the injury, but feels that she is still "disabled" and in pain. She does not know whether she would be able to do any part-time work because she hasn't tried. She states that she feels that she is entitled to disability insurance benefits as of the date of her injury.

(H)

Ex. "B-3"

Doc 24, 1969 4
SUMMARY OF MEDICAL EVIDENCE

A hospital report dated February 24, 1969 shows that the claimant was seen for complaints of pain and was diagnosed as vaginitis. (Exhibit 10, page 14)

The Bellevue Hospital report of February 11, 1969 indicates that the claimant complained of pain in her back. Dr. Benjamin Baron, M.D. reported that an examination of the lumbar spine revealed no spasm or restriction of motion. (Exhibit 10, page 9)

On February 18, 1969, the orthopaedic clinic at the hospital reported that an X-Ray examination revealed a spina bifida occulta which is congenital. There was no evidence of arthritis. The prognosis was given as "good." The impression was given as a possible lumbar strain. The only restriction noted to claimant's employability was that she should do no heavy lifting. (Exhibit 10, page 9, 12). In the report of April 16, 1969 the doctor stated that the claimant's range of motion in the lumbo-sacral area has "markedly increased." (Exhibit 10, page 14)

Dr. Emerson Graham, M.D. submitted a report on August 5, 1969 indicating that he first examined the claimant on May 2, 1969 and found her to have a lumbo-sacral sprain. (Exhibit 12). On August 11, 1969, Dr. Graham, M.D. stated that in his opinion, the claimant is capable of working, but cannot do prolonged standing, sitting or heavy lifting. There were said to be no positive findings on X-Ray examination. (Exhibit 8)

At the hearing the claimant presented additional medical evidence. Doctor K. Walder, M.D. reported that the claimant was totally disabled pursuant to his report of October 22, 1969. He stated that an X-Ray examination of the lumbo-sacral spine showed: "1.) An increased lumbar lordotic curve; 2.) An increased lumbosacral angle; 3.) Sacralization of the transverse process of L-5 on either side; 4.) A spina bifida occulta of L-5; 5.) Narrowing of the interspace between L-5 and S-1." The doctor's impression was that the claimant presented findings of a chronic recurrent lumbo-sacral strain with no evidence of nerve root irritation. (Exhibit 14)

A medical report from the claimant's Union Health Center dated April 1, 1969 reported that there was no objective evidence of disability and on examination the doctor found only functional complaints. The doctor further stated that his diagnosis was based on objective findings rather than subjective symptoms. There was also a comment that it appeared that claimant was prolonging her period of disability. The doctor reported that based upon his examination, the claimant was capable of performing her usual work. *no X-Rays*
(Exhibit 16)

*pages (2) below
shows true statements. The date on
the document marked exhibit (i) shows the date
that the plaintiff requested a medical report.*

Ex "B-2"

HOSPITAL METROPOLITAN MED SCREENING

HAZZARD CARRIE
4-13-20
F

CONTINUATION RECORD

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD
SCREENING CLINIC	DEC 24 1968					

Constipation - Pain R L Q -
Pt states she has had vaginal discharge
for 2 months
To layman tray

C. Hazzard

DEC 24 1968

GYN. CLINIC - O.P.D.

43 yo/F ex Mullerian duct - 1957 to TAN
cc - Vag discharge + lower abd pain 1 1/2 mo.
? h of PID 1965?
PID and vaginal
swab - HSG with bich

to layman

Vaginal

2/12/69 MC 2 mo
H/M

Exhibit "L"

Ex B-1

The medical evidence is in some apparent conflict. The hospital records reveal essentially that there were no objective findings to support the claimant's complaints of pain. In addition, on one examination the doctor reported that "an examination of the lumbar spine revealed, no spasm or restriction of motion." The report further indicated that the claimant was employable provided she does no heavy lifting. There was no other limitation placed on her working. Dr. Emerson Graham, M.D. was also treating the claimant and reported that he made a diagnosis of lumbosacral sprain. On August 11, 1969, the doctor stated that he was of the opinion that the claimant was capable of working but could not do prolonged standing, sitting, or heavy lifting. It was also noted that there were no positive findings on X-Ray examination. Dr. Walder, M.D. was of the opinion that the claimant's diagnosis of a chronic recurrent, lumbosacral strain rendered the claimant "totally disabled." Finally, a report from the claimant's Union Medical Center indicates that there were no objective findings of impairment to prevent the claimant from performing her usual work as a chambermaid. The medical evidence is thus heavily weighed towards a finding that the claimant's impairment is unsupported by objective evidence of back impairment. It is specifically noted that even in Dr. Walder's report, who was the only one to state that the claimant was "totally disabled," the claimant had requested lighter work before she was fired from her job. The claimant's testimony also showed that in the past she had done day-to-day work. The testimony further showed that claimant lives alone in her apartment and cares for all of her needs without help. She indicated she did not know if she could do any day-to-day work because she has not tried recently. Her description of her daily routine gives some indication as to her abilities.

The medical evidence appears to indicate that the claimant's impairments are not of such severity as to preclude her from doing any gainful activity. The preponderance of the medical evidence supports a finding that claimant still has sufficient functional ability to do gainful employment. The claimant's vocational background indicates that she is a high school graduate, and able to read and write. She has in the past worked on day-to-day work, presumably either as a maid or in housekeeping. The claimant's functional ability does not appear to be severely restricted. Although she may not be able to perform her work as a chambermaid on a sustained basis, she still retains sufficient ability to perform light housekeeping as she presently does in her own home. Other possible types of work are light clerical work, clerk, mail order sales work, or assembly line work, to name a few. It is most essential that to accomplish any form of gainful employment the claimant must be well motivated.

Ex. "B-4"

HOSPITAL

PATIENT

STATEMENT OF TREATMENT

Date April 16, 1969

Name Carrie Hazard
 Age 12 Sex F Occupation
 Address when admitted 302 Park Street
New York, New York

SENT TO

TO WHOM IT MAY CONCERN:

This is to certify that the patient Carrie Hazard was

☐ Admitted to Hospital on April 16, 1969

☐ Discharged on April 16, 1969

☐ Is still in the hospital and will not be coming home

☐ Was treated in the emergency room on April 16, 1969

☒ Was treated in the O.P.D. on the following dates

patient unable to perform work requiring
lifting or bending.

Signed [Signature]

(Miss) D. Day Supervisor, Correspondence Office

DO NOT USE THIS FORM FOR MEDICAL DIAGNOSIS OR MEDICAL ABSTRACT

ONLY COPY AVAILABLE

~~XXXXXXXXXXXXXXXXXXXX~~

Ex "B-5"

0694 7347

10/13/68

READ IMPORTANT INFORMATION
ON REVERSE SIDE

8080773 21

Carrier Code

31

Carrier Hazzard
309 Mott St.
NYC 10012Employer
Commodore Hotel
42nd St.
NYCB. Grossman
305 Broadway
NYC

If case was "Continued" and continuing payment was directed, it shall be made at the rate for the period stated and shall be continued thereafter until the employer or carrier has medical or payroll evidence of a change of condition and gives notice thereof to the Chairman, Workers' Compensation Board, unless otherwise provided in the decision. A final hearing will be held in a "continued" case to determine the extent of further disability, if any.

After hearing on date stated above the following Decision and Award was made and duly filed this day

AWARD THE EMPLOYER AND OR THE INSURANCE CARRIER ARE DIRECTED TO PAY AT ONCE

for disability over a period of			at rate	the sum of	TO:
weeks	from	to	per Week		
			\$	\$	CLAIMANT
					LESS PAYMENTS MADE COVERING THIS PERIOD
as hereon award payable by separate check by carrier to CLAIMANT'S REPRESENTATIVE OR ATTORNEY					
fee to DOCTOR for attendance at hearing					

DECISION Case was

Closed. (Disallowed) Claimant did not sustain an accident arising out of and in the course of employment as alleged.

*If the WCB Case No. is preceded by "F", this decision is made under the Volunteer Firemen's Benefit Law, and the liable political subdivision is deemed to be the "Employer" of the volunteer fireman. In all other cases, this decision is made under the Workmen's Compensation Law.

C-21 (1-69)



SE Senior
Chairman

appendix "C-B"

Leo Murin

on October 13, 1970

In the Matter of: Carrie Hazzard, vs. Commodore Hotel
George Washington Hotel

W.C.B. Case No. 0694 7347, 0700 2424

Carrier's Case No. 8080773 - 21 31 General Fire and Casualty Company
8099-263-21 01 State Insurance Fund

On application of the claimant's newly-retained attorneys.

MEMORANDUM OF DECISION

These cases appear before the Board on application of the claimant's newly-retained attorneys for review of the Referee finding of no accident.

Claimant, a forty-nine year old chambermaid testified she worked on a day to day basis in various hotels as a chambermaid, and while so working on October 13, 1968, in the Hotel Commodore, she felt pain in her back and stomach while lifting a bed. She told Miss Small and Mrs. McLean, finished her day's duties and continued working for the Commodore Hotel to October 30 1968 when she was discharged by said hotel. In November 1968 she worked a few days and on December 22nd, while working as a chambermaid for the George Washington Hotel, she lifted a bed again and hurt her back, told Mrs. Nichols, and has not been able to work since. On December 23, 1968, she was treated in the clinic of the Metropolitan Hospital. One of the doctors there told her she could get compensation and she filed a claim. However, other people told her you had to have a broken limb to get compensation and she withdrew her compensation claim, filed for and received disability benefits. However, on her disability benefits claim she stated her injury occurred at work and also stated she has had back injury since 1965. Miss Small and Mrs. McLean denied notice of any lifting pain suffered by claimant while working for the Commodore Hotel. Mrs. Maiorca testified that she was in complete charge of claimant in the George Washington Hotel on December 22, 1968 and that on said date and at no later date claimant did not report any back pain or injury to her. The report of the Metropolitan Hospital states claimant was treated at said hospital for claimant's back on December 23, 1968. Said hospital record contains no mention of any back injury on October 22, 1968 or on December 22, 1968.

After considering all the evidence introduced herein, the Board finds claimant did not sustain the accidental injury as alleged and that her claims of accidental injury are an afterthought.

Therefore, the Referee decision is AFFIRMED. The claim is DISALLOWED. The cases are closed.

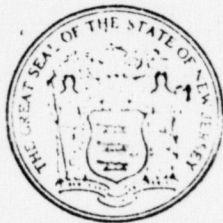
All concur.

Dominick F. Paduano

Gertrude A. Cavanaugh

Leo Murin

appendix "c-d"

NEW JERSEY STATE DEPARTMENT OF HEALTH
TRENTON, N. J.JULY 16, 1970
(Date)

THIS IS TO CERTIFY THAT THE FOLLOWING IS A TRUE COPY OF A RECORD FILED IN THIS DEPARTMENT

A. Merton Baybolt

State Registrar of Vital Statistics

James F. Cavan M.D.

State Commissioner of Health

WARNING: DO NOT ACCEPT THIS COPY UNLESS THE RAISED SEAL OF THE
STATE DEPARTMENT OF HEALTH IS AFFIXED HEREON.

M5244

52296

STATE DEPARTMENT OF HEALTH OF NEW JERSEY

REGISTRAR'S NUMBER	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
	a. COUNTY	b. CITY (Check box and give name)	a. STATE	b. COUNTY
SPACES BELOW FOR STATE USE ONLY	b. CITY	c. LENGTH OF STAY (in this place)	c. CITY	(Check box and give name)
	BOROUGH		BOROUGH	
PL	TOWNSHIP		TOWNSHIP	
	d. FULL NAME OF (If not in hospital or institution, give street address or location)		d. STREET ADDRESS	
RESIDENT	1326 MEDITERRANEAN AVE.		1326 MEDITERRANEAN AVE.	
	a. (First)	b. (Middle)	c. (Last)	(Month) (Day) (Year)
VETERAN	3. NAME OF DECEASED (Type or Print)	WESLEY HAZZARD		4. DATE OF DEATH
			NOV. 20, 1967	
EXCITING CAUSE	5. Sex	6. Color or Race	7. Married	8. Date of Birth
	MALE	COLORED	Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	APRIL 3, 1905
MEDICAL CERTIFICATION	10a. Usual Occupation (Give kind of work done during most of working life, even if retired)	10b. Kind of Business or Industry	11. Birthplace (State or foreign country)	12. Citizen of What Country?
	CITY BUS DRIVER		FLA.	U. S. A.
PLACE OF ACCIDENT	13. Father's Name	14. Mother's Maiden Name	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	16. Social Security No.
	UNKNOWN	UNKNOWN	NO	718-10-0958
CROSS CLASS.	17. INFORMANT		18. Address	
	ETTA HAZZARD		1326 MEDITERRANEAN AVE.	
Form 3 V.S. Reg-18 Oct. 62	19. CAUSE OF DEATH (Enter only one cause preceding for (a), (b) and (c).)		Internal Between	
	Immediate Cause (a) CHRONIC NEPHRITIS (Glomerulonephritis)		2	
	Conditions, if any which gave rise to above cause (a), stating the exciting cause last.		Due To (b) ARTERIOSCLEROSIS	
	Due To (c)			
	Part II. Other Significant Conditions Contributing to Death But Not Related to the Terminal Disease Condition Given in Part I (a)			19. Was Autopsy Performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	20a. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>	20b. Describe How Injury Occurred. (Enter nature of injury in Part I or Part II of item 18.)		
	20c. Time of Injury	20d. Injuries Occurred	20e. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. City, Town or Location
	Hour Month, Day, Year	While at <input type="checkbox"/> Not While <input type="checkbox"/> at Work		
	21. I attended the deceased from	22. Signature	23a. Name of Cemetery or Crematory	23b. Location (City, town or county)
	Death occurred at 8:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	(Degree or title)		
	23c. Burial, Cremation, Removal (Specify)	23d. Date	23e. Name of Cemetery or Crematory	23f. Location (City, town or county)
	24. Funeral Director's Signature	N. J. License No.	25. Date Recd. by Local Health Officer	26. Registrar's Signature

Exhibit "d"

WAGE AND TAX STATEMENT 1967

Copy C—For employee's records

Type or print EMPLOYER'S identification number, name, and address above.

FEDERAL INCOME TAX INFORMATION			SOCIAL SECURITY INFORMATION	
Federal income tax withheld 397.10	Wages ¹ paid subject to withholding in 1967 3,541.73	Other compensation ² paid in 1967	F.I.C.A. employee tax withheld ³ 155.04	Total F.I.C.A. wages ⁴ paid in 1967 3,541.73
Type or print EMPLOYER'S social security number 710-10-0953			<p>¹ Includes tips reported by employee. This amount is before payroll deductions or "kick pay" exclusion.</p> <p>² Add this item to wages in figuring the amount to be reported as wages and salaries on your income tax return.</p> <p>³ The social security (F.I.C.A.) rate of 4.4% includes .5% for Hospital Insurance benefits and 3.9% for old-age, survivors, and disability insurance.</p> <p>⁴ Includes tips reported by employee. If your wages were subject to social security taxes, but are not shown, these wages are the ones on which you showed under "Federal Income Tax Information," but not more than \$3,600.</p>	
<p>Type or print EMPLOYER'S name and address (including ZIP code) above.</p> <p>Wesley Hallmark 201 N. S. Carolina Ave. Atlantic City, N. J. 08401 3476</p> <p>RE-ISSUED BY EMPLOYER</p>			<p>Uncollected Employee Tax on Tips . . . \$</p>	

Form W-2—Use Treasury Department, Internal Revenue Service

10-70007-1

Exhibit "E"

P.O. Box 466
Camden, New Jersey 08101

Internal Revenue Service

October 26, 1970 I-F:JJS

Mrs. Carrie L. Hazzard
309 Mott Street
Apartment 20
New York, New York 10012

Dear Mrs. Hazzard:

Your letter addressed to the Director, Mid-Atlantic Service Center, dated September 28, 1970 has been given to me for reply.

I have reviewed the photostatic copy of a Form W-2 for 1967 issued in the name of your deceased husband which accompanied your letter. There does not appear to be any violation in the Internal Revenue laws associated with this form. The inscription "RE-ISSUED BY EMPLOYER" indicates that this document was issued at your request or at some unknown person's request. Presumably, the original form was mailed timely by the employer. Normally, large employers use a Form W-2 with their name and Employer Identification Number pre-printed on the form when issuing original Forms W-2. The fact that the employer's name does not appear on the "RE-ISSUED" Form was probably an oversight caused by the fact that it was issued at a later date.

As to your question as to whether a refund is due for 1967, it is not clear from your letter whether a return was filed in your husband's name for the year 1967. If a return was filed, I would presume that a refund would have been made by now if one was in order. If no return was filed, I suggest that you contact the Taxpayer's Assistance Branch of the Internal Revenue Office nearest to you and inquire as to the procedure for filing a delinquent income tax return in your husband's name.

Very truly yours,

John J. Spielberg
John J. Spielberg
Group Supervisor

(7)

Exhibit "I"

501-1
755.3, 1170
32nd July, 1970

Mr. H. Brown
City Controller
City Hall
Atlantic City, N.J.

Mr. H. Brown:

I have been informed to write to you again asking for an original W-2 form for my husband (Wesley Woodard) for 1967; I believe it was an overlook in that you failed to put in employee's name, addresses, and identifying number on it. I was unable to file it. I was instructed to get an original and file it as a delinquent return. Please send me this W-2 form, as it should be made out. The Internal Revenue people here, say, it is very important. Thank you.

Yours truly,
Mrs. Cassie H. Woodard

P.S. I will get to you soon concerning the missing W-2 form, and why it was paid out to my son, and a check there.

P
Exhibit "H"

ONLY COPY AVAILABLE



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21215

March 7 1974

OFFICE OF THE COMMISSIONER

REFER TO
IAD-7

Mrs. Carrie L. Hazzard
Apartment 9F
15 St. James Place
New York, New York 10038

Dear Mrs. Hazzard:

Secretary Weinberger has asked me to thank you for your inquiry and to respond to it since it concerns social security.

Since your late husband's records are in our Great Lakes Program Center, I believe it would be best to refer your inquiry to that office. I am asking the people there to review the records and to send you a statement of your late husband's earnings.

You should hear from the program center soon.

Sincerely yours,

J. B. Cardwell
James B. Cardwell
Commissioner of Social Security

Exhibit "H"



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
PAYMENT CENTER
CHICAGO, ILLINOIS 60606

BUREAU OF RETIREMENT
AND SURVIVORS INSURANCE
March 27, 1974

REFER TO: 718-10-0958

Mrs. Carrie L. Hazzard
Apartment 9F
15 St. James Place
New York, New York 10038

Dear Mrs. Hazzard:

This is in further reply to your recent letter to Secretary Weinberger. Your inquiry was forwarded to our office since the records of your husband, Mr. Wesley Hazzard, are maintained in this office.

We have disregarded the letter of February 10, 1974 as you requested us to do. We are glad to provide the information which you have requested.

The following is a list of your husband's earnings:

See file

1937 through 1950	\$5,797.42
1951 through 1954	None
1955	2442.40
1956	2612.98
1957	2736.99
1958	2760.00
1959	2850.00
1960	3000.00
1961	2975.00
1962	2975.00
1963	3076.67
1964	2882.91
1965	3295.37
1966	3663.53
1967	830.76

Sincerely yours,

Julius Berman
Julius Berman
Regional Representative
Retirement and Survivors
Insurance

*This is interesting
who's credibility is to be believed?
I'm sure the government's report is correct*

Exhibit "i"



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
GREAT LAKES PROGRAM CENTER
CHICAGO, ILLINOIS 60606

REFER TO 718-10-0958

BUREAU OF RETIREMENT
AND SURVIVORS INSURANCE

May 21, 1974

Mrs. Carrie L. Hazzard
Apartment 9F
15 St. James Place
New York, New York 10038

Dear Mrs. Hazzard:

This is in reply to your inquiry of April 12, 1974 concerning your husband's earnings.

After an individual is entitled to monthly benefits or dies and the lump sum death payment is made on his record, his earnings information is transferred from our Baltimore office to one of our regional program centers. All of your husband's records are currently maintained in our office and the statement of earnings which we provided you was an official statement. The form letter statements from our Baltimore office are sent only to individuals on whose earnings record no benefits have ever been paid.

In reviewing your husband's earnings, we find that his earnings for the period 1937 through 1950 were actually \$5807.42 rather than the \$5797.42 which we advised you of previously. We still find no reported earnings for the period 1951 through 1954. You have indicated that you have proof of these earnings. You should submit any such proof at any local social security office. The only social security account number which we have listed for your husband is the one indicated above. This was the number on which the lump sum death payment was made to the funeral home. If you know of another social security account number which your husband used you should notify your local social security office.

Sincerely yours,

Julius Berman

Julius Berman
Regional Representative
Retirement and Survivors Insurance

EX. "J"

Atlantic County Surrogate's Court

In the Matter of the Estate of
WESLEY HAZZARD,

Deceased.

JUDGMENT GRANTING
ADMINISTRATION.

It appearing by the complaint of Edward O. Goddard
one of the creditors of the estate of
Wesley Hazzard, Deceased,
that the said Wesley Hazzard,
died intestate on November 20, 1967, domiciled at 1326 Mediterranean,
in the City of Atlantic City County of Atlantic and State of New Jersey,
leaving him surviving
No Known next of Kin

and that none of the said next of kin have applied for administration upon the estate of the said
Wesley Hazzard

although more than 40 days have elapsed since his death; and it further appearing that
the said Edward O. Goddard

applies for the appointment of himself or some other fit person as administrator of the said estate, and
~~that due notice of the application has been given to the said next of kin and heirs;~~ and the Surrogate
having inquired into the circumstances, and being satisfied that
Edward O. Goddard
is a fit person to administer the estate of the said intestate;

It is thereupon on February 1, 1968, adjudged that letters of administration
upon the personal estate of the said
Wesley Hazzard

Deceased,

be granted to the said

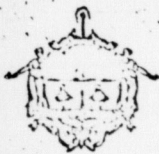
Edward O. Goddard

upon his giving bond unto the Superior Court of New Jersey in the sum of \$1,000.00
with sureties to be approved by this court and upon due qualification by him as such.

Edward O. Goddard
Surrogate.

Ex. "K"

2 D10



CITY OF ATLANTIC CITY

N^o 1403

OFFICE OF REGISTRAR OF VITAL STATISTICS

This is to Certify that the following is correctly copied from a record of Death in my office.

NAME OF DECEASED			PLACE OF DEATH		DATE OF DEATH		
WESLEY HAZZARD			Atlantic City, N.J.		November 20, 1967		
SOCIAL SECURITY NUMBER	SEX	COLOR	MARITAL CONDITION	DATE OF BIRTH	AGE		
	Male	Colored	Widowed	4/3/05	YRS.	MON.	DAYS
					62		
PLACE OF BIRTH			CAUSE OF DEATH				
Fla.			Bronchopneumonia				
SUPPLEMENTAL INFORMATION IF DEATH WAS DUE TO EXTERNAL CAUSES							
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE				DATE OF OCCURRENCE			
				Q			
WHERE DID INJURY OCCUR							
City or Town		County			State		
D INJURY OCCUR (Specify Type of Place)							
<input type="checkbox"/> IN OR ABOUT HOME		<input type="checkbox"/> FARM OR INDUSTRIAL PLACE			<input type="checkbox"/> PUBLIC PLACE		
DIED AT WORK				MEANS OF INJURY			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
NAME OF PERSON WHO CERTIFIED CAUSE OF DEATH				ADDRESS			

Dep. Registrar of Vital Statistics
ATLANTIC CITY, NEW JERSEY

Countersigned

H. G. Mc Gowan
City Comptroller

2/5/68

Date of Issue

19

"K"
↓
pg. 2

Know all Men by these Presents, That we

EDWARD O. GODDARD

of the CITY of ATLANTIC CITY in the
County of ATLANTIC and State of NEW JERSEY, as Principal, and
SECURITY INSURANCE COMPANY OF HARTFORD, 211-27 S. 4th St., Phila., Pa.
a corporation duly organized under the laws of the State of Connecticut as Surety,

are held and firmly bound unto the Superior Court of the State of New Jersey, in the sum of
ONE THOUSAND (\$1,000)-----Dollars, lawful money of the

United States, to be paid unto the said Superior Court as aforesaid, for which payment well and truly to be
made, the said EDWARD O. GODDARD

binds HIM self, HIS heirs, executors and administrators, and the said
SECURITY INSURANCE COMPANY OF HARTFORD

binds itself, and its successors, jointly and severally, firmly by these presents.

SEALED with our seals, and dated the 1st
day of February 19 68. Surety hereby submits itself to the jurisdiction of the
Superior Court of New Jersey and irrevocably appoints the Clerk of said Court as its agent upon whom any papers
affecting its liability on this bond may be served; it is also a provision of this bond that the liability of the aforesaid
surety may be enforced on motion without the necessity of an independent action; and that the motion and such
notice of the motion as the court prescribes may be served on the clerk of the aforesaid court who shall forthwith
mail copies to the aforesaid surety at the address given in this bond.

THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden EDWARD O. GODDARD,
Administrat OR of the Estate of WESLEY HAZZARD

Deceased,
shall make a true and perfect inventory of the personal property of the said decedent, which has or shall come to
HIS hands, knowledge or possession or into the hands of any other person for him
and the same so made do exhibit in the Surrogate's Office of the County of Atlantic, or in the office of the Clerk
of the Superior Court of New Jersey, within three months from the date of this obligation, or within such further
time as the court may allow, and shall well and truly administer all the personal property of the decedent which
may come into HIS hands or possession or into the hands or possession of any other person
for him; and shall make a just and true account of HIS administration within
twelve months from the date of this obligation or within such further time as the court may allow; and shall
deliver and pay to the distributees entitled thereto by law, after the account has been examined and allowed by
the court, such surplus personal property of the decedent as may remain pursuant to the account; and shall deliver
his letters of administration to the proper court, when required so to do, if a will of the decedent
is found and exhibited to it and by it admitted to probate, then the above obligation to be void and of none effect,
or else to remain in full force and virtue.

Signed and Delivered in the
Presence of

Wesley Hazzard

Edward O. Goddard (SEAL)

SECURITY INSURANCE COMPANY OF HARTFORD

By: *Alla Lang*
Alla Lang, Attorney-in-Fact

Approved:

Ernest R. Whitcomb

"K"
pg. 3

Inasmuch as neither the claimant nor her attorney had previously examined the evidence herein introduced as Exhibits AC-2 and AC-3, the Appeals Council forwarded copies of those documents to the attorney for comment. The covering correspondence dated December 23, 1970, forwarding those documents to the attorney is introduced into the record as Exhibit AC-4.

STATEMENT OF THE ISSUES

The general issues before the Appeals Council are whether the claimant is entitled to a period of disability and to disability insurance benefits under sections 216(i) and 223, respectively, of the Social Security Act, as amended. The specific issues are whether the claimant was under a "disability", as defined in the Act, and if so, when such "disability" commenced and the duration thereof; and whether the special earnings requirements of the Act are met for the purpose of entitlement.

The claimant's earnings record shows that the special earnings requirements of the Act were met from a time prior to February 26, 1969, when the claimant allegedly became unable to work, and that these requirements continue to be met on the date of this decision.

SUMMARY OF THE EVIDENCE

The claimant reportedly injured her back in October 1968. Her medical history reveals two other back injuries several years earlier. These earlier episodes were treated conservatively and did not prevent her return to work. Hospital outpatient records show periodic treatment for back pain since 1956. However, following her alleged injury in October 1968, frequency of treatment increased.

Examinations in February and March 1969 found the claimant complaining of low back pain. However, straight leg raising was negative and deep tendon reflexes were active and equal. No motor or sensory loss was evidenced and motion of the lumbar spine was essentially unrestricted. There was no muscle spasm and no report of atrophy or neurological deficit. The balance of the physical examination was unremarkable. X-ray studies of the lumbar spine showed narrowing of the vertebral interspaces between the L4, 5 and S-1 levels. *There was a slight arthritic change of the lower lumbar spine and a spina bifida of the last lumbar segment which was

Exhibit "L"

3 pgs

considered congenital. The claimant was diagnosed as having a minimal lumbar strain and the prognosis was termed good. She was considered capable of returning to her usual job but heavy lifting was contraindicated (Exhibit 10).

An examination in April 1969 found no objective evidence of disability and explained the claimant's symptoms as functional (Exhibit 16). A report of treatment from the claimant's physician in May 1969 recorded tenderness at the L5-S-1 area and straight leg raising, painful at 45 degrees bilateral. Deep tendon reflexes were physiological and a diagnosis of lumbar-sacral sprain was assigned. A follow-up report, made by contact with the same source, indicated that the claimant was capable of working but advised against prolonged physical activities. That physician reported no positive X-ray findings (Exhibits 8-12).

In October 1969, the claimant was examined by Dr. K. Walder, an orthopedic surgeon. Dr. Walder reported the use of a lumbosacral corset and noted a scoliotic curve of the thoracic lumbar-spine with bilateral spasm of the erector spinal muscles. However, the pelvis was level and gait was normal. Lumbar movements showed hyperextension and lateral motion restricted to 10 degrees. Forward flexing was greatly restricted with residual spasm of the paravertebral muscles bilaterally. She was able to place herself in a prone position on the examining table and Nachlas and Ely signs were negative. The claimant turned well while under examination and straight leg raising was possible to 60 degrees bilaterally. Lasegue and Patrick signs were negative as was the neurological evaluation. The peripheral pulses were palpable and the lower extremities were of equal length and showed a full range of painless motion. X-ray findings resulted in a diagnosis of chronic recurrent lumbosacral strain. However, there was no evidence of nerve root irritation. Dr. Walder concluded that, "when seen by me today the patient was totally disabled." (Exhibit 14).

Based upon his evaluation of the record, the hearing examiner held that the claimant's functional ability was not severely restricted and that she retained the capacity to do light housework as well as other sedentary vocational activities consistent with her age, education and vocational background. Accordingly, he found that she was not entitled to disability benefits.

"L"

pg 2

WORKMEN'S COMPENSATION BOARD

HEARING

PLACE	PART	DATE	TIME

Subsequent to the hearing examiner's decision, the Appeals Council received a statement from the claimant's physician, Dr. Adolaida M. Alcantara. Dr. Alcantara indicated that the claimant was under care for arthritis of the lumbosacral spine and that she was unable to work (Exhibit AC-1).

In order to obtain additional information concerning the claimant's orthopedic involvement, the Appeals Council granted her request for review and arranged for her to undergo examination by a specialist in orthopedic surgery.

In a report dated November 2, 1970, Abraham S. Rothberg, M.D., a specialist in orthopedic surgery, found no sign of a limp. Motion of the cervical spine was good and internal rotation of both shoulders was good. Forward flexion of the right shoulder was possible through 90 and the left shoulder through 95 degrees. Abduction was reported as 70 and 85 degrees respectively. Good motion was recorded for the elbows, wrists and fingers and her grip was good. There was some increase in the lumbar lordosis, and lateral flexion to the right was possible through 30 degrees. Forward flexion was limited to about 30 degrees. The claimant displayed guarding in all motions of the back but there was no pain to pressure on the cervical and dorsal spine. The neurological examination was negative and there was no sensory deficit of the upper or lower extremities. Dr. Rothberg diagnosed a low back sprain and concluded his report by stating.

"This patient should be encouraged to do some work, avoiding heavy lifting" (AC-2).

EVALUATION OF THE EVIDENCE

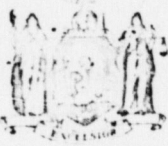
The medical record establishes that the claimant has complained of back discomfort for approximately 14 years. These complaints were apparently generated by three episodes of trauma, all of which were treated conservatively.

The earlier medical reports failed to reveal any significant restriction of motion while subsequent reports recorded greatly restricted forward flexion, with some restriction on other maneuvers as well. However, the

(M)

"L"

pg. 3



S E SENIOR
CLERKMAN

STATE OF NEW YORK WORKMEN'S COMPENSATION BOARD

DISABILITY BENEFITS DIVISION
1542 NO. BROADWAY
ALBANY, NEW YORK 12201

Carrie L. Hazard
309 Mott Street
New York, New York 10012

CLAIMANT: EMMETT CONES
CAPTIONED: DO
IN THE MATTER OF THE
STATEMENT

DATE OF THIS NOTICE April 25, 1969.	CASE FILE NUMBER	DISABILITY BENEFIT NUMBER 180-10-3810
--	------------------	--

Your "Request for Review" of your claim for disability benefits has been received by this office. Before we can assist you with your claim, you must furnish medical evidence for the period for which the insurance carrier has denied payment.

Have your doctor complete the items below. Return both copies of this form to this office. If we do not hear from you within ten days, we shall refer this case to your doctor.

If you are claiming Disability Benefits from No. 31, 1969, have this form completed by your doctor.

Disability Benefits
Claims Section

DOCTOR: PLEASE COMPLETE ITEMS BELOW

1. I considered the patient under medical care from Dec. 21, 1966
2. This patient was unable to work because of his disability from Dec. 22, 1968 to 1/13/69.

DIAGNOSIS: SYMPTOMS AND FINDINGS.

Arthro-socket Arthritis

DATE SENT TO THE BOARD <u>1/13/69</u>	WORKER'S NAME <u>Carrie L. Hazard</u>
DATE RECEIVED <u>1-17-69</u>	DATE OF LAST EXAMINATION <u>1/13/69</u>
DATE <u>1/13/69</u>	DATE OF THIS NOTICE <u>4/25/69</u>

10-126 (1/68)

4-714-2-43

(Exhibit 0)

the claimant is the mother of the deceased child.

STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD

ATTENDING PHYSICIAN'S
48-HOUR REPORT

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED
		10/68	Lexington Ave. & 23rd St., N.Y.C.
INJURED PERSON	NAME Carrie Hazzard	AGE 49	ADDRESS 309 Mott St., N.Y., N.Y.
EMPLOYER	George Washington Hotel		Lexington Ave. & 23rd St., N.Y.C.
INSURANCE CARRIER			

1. State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of related symptoms).

The patient states that she injured her back while working on her job as a chambermaid.

HISTORY

2. Is there a history of unconsciousness? ☐ YES ☒ NO If "Yes," for how long? Were X-Rays taken? ☒ YES ☐ NO
3. Was patient hospitalized? ☐ YES ☒ NO If "Yes," state name and address of hospital: Metropolitan Hospital
4. Was patient previously under the care of another physician for this injury? ☒ YES ☐ NO If "Yes," enter his name and address, and reason for transfer under "Remarks" (Item 10).

DIAGNOSIS

5. Describe nature and extent of injury or disease and specify all parts of body involved:

Lumbo-sacral strain

TREATMENT

6. Nature of treatment: Analgesics, Muscle relaxants, Local heat, Lumbo-sacral supporter.
- Date of your first treatment: 5/2/69 If treatment is continuing, estimate its duration: 6 weeks
- If treatment is not continuing, is this your final report? ☐ YES ☐ NO If "Yes," state date of last treatment:

DISABILITY

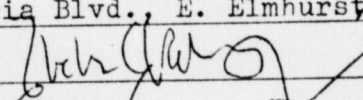
7. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☐ YES ☒ NO
8. Is patient working? ☐ YES ☒ NO Is patient disabled? ☒ YES ☐ NO If "Yes," estimate duration of disability:
- In your opinion, was the occurrence described above the competent producing cause of the injury and disability (if any) sustained? ☐ YES ☐ NO

or here additional information of value, requests for authorization, etc.:

MARKS

The patient has been followed in the orthopedic clinic at Metropolitan Hospital.

10. (a) Medical testimony is occasionally required. If your testimony should be necessary in this case, please indicate the days of the week (and hours) most convenient to you for this purpose:

Dated 5/12/69	Typed or Printed Name of Attending Physician Emerson Graham, M.D.	Address 96-17 Astoria Blvd., E. Elmhurst
WCB Rating Code SJ	WCB Authorization No. 211859	Telephone No. 478-1166
		Written Signature of Attending Physician 

C-18

(7-66)

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS
See Reverse Side

Ex. "P"

STATE OF NEW YORK WORKMEN'S COMPENSATION BOARD

SUPPLEMENTARY REPORT

Enter "X" to Show Type of Report: ☐ 15-DAY REPORT ☒ PROGRESS REPORT ☐ FINAL REPORT

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED
		10/68	Lexington Ave., & 23rd St., N
INJURED PERSON	NAME Carrie Hazzard	AGE 49	ADDRESS 309 Mott St., N.Y., N.Y.
EMPLOYER	George Washington Hotel	Lexington Ave., & 23rd St., N.Y.	
INSURANCE CARRIER			

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS SUCH AS "UNKNOWN," "?," ETC

HISTORY

1. Have you filed Form C-48, or other report, setting forth history? ☒ YES ☐ NO If "No," answer 1 (a) and (b) below.
- (a) State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of related symptoms).

- (b) Was patient previously under the care of another physician for this injury? ☐ YES ☐ NO If "Yes," enter his name and address reason for transfer under "Remarks"
2. Is there any history or evidence of pre-existing injury, disease or physical impairment? ☒ YES ☐ NO If "Yes," describe specifically: The patient noted back

injuries in the past 12 years and 5 years ago.

DIAGNOSIS

3. Present condition (include diagnosis, subjective complaints, objective findings, and any change of condition since report. If patient was hospitalized since last report, so state and give name and address of hospital):

Lumbo-sacral sprain

Tenderness along the lumbo-sacral spine

Positive Laseque's sign, bilaterally

TREATMENT

4. Nature of treatment:

Lumbo-sacral supporter, Muscle relaxants, Analgesics

Date of your first treatment: 5/2/69 Date of your most recent treatment: 8/5/69 Are you continuing treatment? ☒ YES ☐ NO

If treatment is continuing, estimate its probable duration.

If it has terminated, indicate reason. indefinite

DISABILITY

5. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☐ YES ☒ NO

If "Yes," describe:

6. On what dates do you think patient was or will be able to:

(a) Resume limited work of any kind?

Date:

(b) Resume his regular work?

Date: indefinite

Is patient working?

☐ YES ☒ NO

7. If patient is unable to do his regular work, but can do limited work, specify his work limitations due to this injury.

CAUSAL
RELATION

8. In your opinion, was the occurrence described above (or in your previous report which gave this information) the competent producing cause of the injury and disability (if any) sustained? ☒ YES ☐ NO

9. Is rehabilitation treatment or services or evaluation therefor advised? ☒ YES ☐ NO

Explain:

Doubt whether the

REHABILITATION

patient will ever be able to return to her former occupation.

If rehabilitation treatment or services or evaluation is advised, has referral been made?

☒ YES ☐ NO

If "Yes," to whom?

If "No," indicate why.

Dept. of Health, Education and Welfare.

REMARKS

10. Enter here additional information of value, requests for authorization, etc.:

(initials)

Dated 8/5/69	Typed or Printed Name of Attending Physician Emerson Graham, M.D.	Address 96-17 Astoria Blvd., East Elmhurst, N.Y.
WCB Rating Code SJ	WCB Authorization No. 211859	Telephone No. 478-1166
Written Signature Attending Physician		Building, East Elmhurst, N.Y.

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS

See Reverse Side

Exp. 9

1 Sept.
2 Oct. 2
3 Jan. 13
4 Feb. 3
5 Apr. 7, 1971

K. WALDER, M. D.
R. P. KOVAL, M. D.
40-33 76TH STREET
ELMHURST, N. Y. 11373
TELEPHONE: 898-5470-71

October 22, 1969.

GENERAL ACC. FIRE INS. CO.
110 William Street
New York, New York

STATE INSURANCE FUND
199 Church Street
New York, New York

Re: Carrie Hazzard
Vs: Commodore Hotel — 0694-7347
Inj: 10/13/68
and
Vs: George Washington Hotel — 0700-2424
Inj: 12/22/68
WCB# 0694-7347

Gentlemen:

The above named patient was seen and examined by me in this office on October 22, 1969, at the request of Dr. E. Graham.

HISTORY: The patient stated that on October 13, 1968 while doing day work as a chambermaid for the Commodore Hotel, 42nd Street and Lexington Avenue, New York City, lifting a bed she developed pain in her lower back. The patient continue working, thinking that the condition will disappear by itself. She treated herself, however, with home remedies like Aspirin and application of moist heat. She had requested a lighter job but instead was fired. The patient took another job in December of 1968 as a chambermaid for the George Washington Hotel, and worked 4 days. On December 22, 1968 again lifting a bed she injured her lower back. She stopped working and has not been working since. Subsequently she went to the Orthopaedic Clinic at the Metropolitan Hospital in New York where she was examined and given medication for her back. She was seen in about monthly intervals for her back. In about March or April 1969 she was given a low back support which she has been wearing since. On August 15, 1969 electrical treatment was started to her lower back, 3 times weekly. This was discontinued on September 26, 1969. The patient was seen by Dr. Graham and was now referred to this office for an Orthopaedic opinion.

PAST HISTORY: The patient stated that about 5 years ago, and possibly 12 years ago, while working she had injured her back. She was always able to return to her regular work.

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Exp. "R" 3 pp

K. WALDER, M. D.
R. P. KOVAL, M. D.
40-33 76TH STREET
ELMHURST, N. Y. 11373
TELEPHONE: 898-5470-71

Re: Carrie Hazzard

- 2 -

October 22, 1969.

EXAMINATION: Revealed a 49 year old female, 5' 4" tall, weighing 150 lbs.

The patient undressed for the purpose of examination. She removed a lumbosacral corset. Gait was normal. On standing, there was a scoliotic curve of the thoraco-lumbar spine, with the upper convexity to the left, and the lower convexity to the right. There was loss of the normal lumbar lordotic curve. The pelvis was level. There was spasm of the erector spinae muscles, bilaterally. The patient pointed towards the lumbosacral articulation as the main site of discomfort. Active lumbar movements showed hyperextension to be restricted to about 10 degrees. Bending to either side was possible for about 10 degrees respectively. Forward flexion was greatly restricted, with residual spasm of the paravertebral muscles on either side. She was able to place herself in the prone position on the examining table. There was tenderness over the lumbosacral junction. There was no sensitivity along the course of either sciatic nerve. Nachlas and Ely signs were negative. The patient turned well on the examining table to the recumbent position. Straight leg raising on either side was possible to 60 degrees, beyond which angle there was considerable hamstring spasm. Lasegue and Patrick signs were negative. Flexion of the thighs on the abdomen caused some discomfort at the lumbosacral junction. Rocking and rotation of the pelvis was fairly free and painless. Both lower extremities were of equal length. There was a bilateral genu valgum. All joints of both lower limbs had full range of painless motion. The abdomen was protruding but the abdominal musculature was fairly strong. Neurological examination was essentially negative. The peripheral pulses were palpable.

X-rays of the lumbosacral spine taken at this examination, antero-posterior and lateral views showed:

- 1) An increased lumbar lordotic curve;

(Exp. 15")

Pg. 2

K. WALDER, M. D.
R. P. KOVAL, M. D.
40-33 76TH STREET
ELMHURST, N. Y. 11373
TELEPHONE: 898-5470-71

Re: Carrie Hazzard

- 3 -

October 22, 1969.

- 2) An increased lumbosacral angle;
- 3) Sacralization of the transverse process of L-5 on either side;
- 4) A spina bifida occulta of L-5;
- 5) Narrowing of the interspace between L-5 and S-1.

IMPRESSION: The patient presented findings of a chronic recurrent lumbosacral strain. No evidence of nerve root irritation was found.

COMMENT & RECOMMENDATION: The patient is still in need of physio-therapeutic treatment, consisting of muscle strengthening and stretching exercises, hot packs, and electrical stimulation to the lower back muscles. The patient should also intermittently wear a low back support, preferably of the William's type of variety.

It is not possible to state which injury produced which portion of her present condition. It seems to me that both injuries sustained on October 13, 1968 and on December 22, 1968 contributed to her present condition.

When seen by me today the patient was totally disabled.

Very truly yours,

K. Walder, M.D.
K. Walder, M.D.
SB 176124

KW:ep
cc: Compensation Board
Dr. E. Graham

Ex. "T" (Pg. 3)

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Exhibit "i"

WORKMEN'S COMPENSATION BOARD

SUPPLEMENTARY REPORT

Enter "X" to Show Type of Report: ☐ 15-DAY REPORT ☒ PROGRESS REPORT ☐ FINAL REPORT

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED
		10-13-68 12-22-68	Commodore Hotel George Washington Hotel
INJURED PERSON	NAME CARRIE HAZZARD	AGE 49	ADDRESS 309 Mott Street, New York City
EMPLOYER	Commodore Hotel George Washington Hotel		42nd St. Lex Ave., New York City 23rd St., Lex. Ave., New York City
INSURANCE CARRIER	General Acc. Fire Ins. Co. State Insurance Fund		110 William St., New York City 199 Church St., New York City

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS SUCH AS "UNKNOWN," "?," ETC.

HISTORY

1. Have you filed Form C-48, or other report, setting forth history? ☒ YES ☐ NO If "No," answer 1 (a) and (b) below.

(a) State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of related symptoms).

SEE REPORT DATED 10-22-69

(b) Was patient previously under the care of another physician for this injury? ☐ YES ☐ NO If "Yes," enter his name and address, and reason for transfer under "Remarks" (Item 10).

2. Is there any history or evidence of pre-existing injury, disease or physical impairment? ☐ YES ☐ NO If "Yes," describe specifically:

DIAGNOSIS

3. Present condition (include diagnosis, subjective complaints, objective findings, and any change of condition since last report. If patient was hospitalized since last report, so state and give name and address of hospital):

EXAMINATION ON 1-16-70: Patient is still symptomatic but improving. The patient is still totally disabled.

TREATMENT

4. Nature of treatment: Continue with physio-therapy.

Date of your first treatment: 10-22-69	Date of your most recent treatment: 1-16-70	Are you continuing treatment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	---	---

If treatment is continuing, estimate its probable duration.
If it has terminated, indicate reason.

DISABILITY

5. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☐ YES ☐ NO

If "Yes," describe:

6. On what dates do you think patient was or will be able to:

(a) Resume limited work of any kind? Date:	(b) Resume his regular work? Date:	Is patient working? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
---	---------------------------------------	--

7. If patient is unable to do his regular work, but can do limited work, specify his work limitations due to this injury.

CAUSAL RELATION

8. In your opinion, was the occurrence described above (or in your previous report which gave this information) the competent producing cause of the injury and disability (if any) sustained? ☒ YES ☐ NO

REHABILITATION

9. Is rehabilitation treatment or services or evaluation therefor advised? ☐ YES ☐ NO Explain:

If rehabilitation treatment or services or evaluation is advised, has referral been made? ☐ YES ☐ NO If "Yes," to whom? If "No," indicate why.

REMARKS

10. Enter here additional information of value, requests for authorization, etc.:

Dated 1-16-70	Typed or Printed Name of Attending Physician K. Walder, M.D.	Address 40-33 76th St., Elmhurst, L.I. - 11373
WCB Rating Code SB	WCB Authorization No. 176124	Telephone No. 898-5470
		Written Signature of Attending Physician <i>K. Walder</i>

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS.

C-4 (3-67)

See Reverse Side

(S)

STATE OF NEW YORK WORKMEN'S COMPENSATION BOARD

ATTENDING PHYSICIAN'S
SUPPLEMENTARY REPORT

Enter "X" to Show Type of Report: ☐ 15-DAY REPORT

☒ PROGRESS REPORT

☐ FINAL REPORT

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED
0694-7347	AC-6495 (8098 773-21)	10-13-68 12-22-68	Commodore Hotel George Washington Hotel
INJURED PERSON	NAME	AGE	ADDRESS
	CARRIE HAZZARD	49	309 Mott Street, New York City
EMPLOYER	Commodore Hotel George Washington Hotel		42nd St. Lex. Ave., New York City 23rd St. Lex. Ave., New York City
INSURANCE CARRIER	General Acc. Fire Ins. Co. State Insurance Fund		110 William St., New York City 199 Church St., New York City

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS SUCH AS "UNKNOWN," "?," ETC.

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1. Have you filed Form C-48, or other report, setting forth history? ☒ YES ☐ NO If "No," answer 1 (a) and (b) below.

(a) State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of related symptoms).

SEE REPORT DATED 10-22-69

(b) Was patient previously under the care of another physician for this injury? ☐ YES ☐ NO

If "Yes," enter his name and address, and reason for transfer under "Remarks" (Item 10).

2. Is there any history or evidence of pre-existing injury, disease or physical impairment? ☐ YES ☐ NO

If "Yes," describe specifically:

EXAMINATION ON 2-12-70: Patient is improving, but is still complaining of intermittent pain in her lower back, at times mild, at times quite severe.

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3. Present condition (include diagnosis, subjective complaints, objective findings, and any change of condition since last report. If patient was hospitalized since last report, so state and give name and address of hospital):

It is worse on activity & definitely improved by rest. Patient walked well. Stance was normal. The spine was in midline. There was still some spasm of the erector spinae muscles, bilaterally. Lumbar movements although free were still restricted in all directions. There was still tenderness over the lumbosacral articulation. No sensitivity along the course of either sciatic nerve. Straight leg raising was unrestricted. Lasague & Patrick (See #10).

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4. Nature of treatment: Continue with physio-therapy.

Date of your first treatment: 10-22-69

Date of your most recent treatment: 2-12-70

Are you continuing treatment? ☒ YES ☐ NO

If treatment is continuing, estimate its probable duration.
If it has terminated, indicate reason.

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5. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☐ YES ☐ NO

If "Yes," describe:

6. On what dates do you think patient was or will be able to:

Is patient working?

(a) Resume limited work of any kind?
Date:

(b) Resume his regular work?
Date:

☐ YES ☒ NO

7. If patient is unable to do his regular work, but can do limited work, specify his work limitations due to this injury.

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8. In your opinion, was the occurrence described above (or in your previous report which gave this information) the competent producing cause of the injury and disability (if any) sustained? ☒ YES ☐ NO

9. Is rehabilitation treatment or services or evaluation therefor advised? ☐ YES ☐ NO

Explain:

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If rehabilitation treatment or services or evaluation is advised, has referral been made? ☐ YES ☐ NO

If "Yes," to whom?
If "No," indicate why.

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10. Enter here additional information of value, requests for authorization, etc.:
signs negative. Neurological examination the same as before. Patient still presents findings of a chronic lumbosacral strain. Continue with physio-therapy, hot packs, ultra sonic ray treatment, sinusoidal stimulation, in addition, postural exercises. The patient is still totally disabled.

Dated 2-12-70	Typed or Printed Name of Attending Physician K. Walder, M.D.	Address 40-33 76th St., Elmhurst, L.I., 11373
WCB Rating Code SB	WCB Authorization No. 176124	Telephone No. 898-5470
		Written Signature of Attending Physician <i>K. Walder</i>

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS.

C-4 (3-67)

See Reverse Side

STATE OF NEW YORK WORKMEN'S COMPENSATION BOARD

Enter "X" to Show Type of Report: ☐ 15-DAY REPORT

☒ PROGRESS REPORT

☐ FINAL REPORT

ATTENDING PHYSICIAN'S
SUPPLEMENTARY REPORT

PLEASE PRINT OR TYPE — INCLUDE ZIP CODE IN ALL ADDRESSES

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY AND TIME	ADDRESS WHERE INJURY OCCURRED
0694-7347	AC-6495 8098 773-21	10-13-68 12-22-68	Commodore Hotel George Washington Hotel
INJURED PERSON	NAME	AGE	ADDRESS
	CARRIE HAZZARD	49	309 Mott St., New York City
EMPLOYER	Commodore Hotel George Washington Hotel		42nd St. Lex. Ave., New York City 23rd St. Lex. Ave., New York City
INSURANCE CARRIER	General Acc. Fire Insurance Co. State Insurance Fund		110 William St., New York City 199 Church St., New York City

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS SUCH AS "UNKNOWN," "?," ETC.

1. Have you filed Form C-48, or other report, setting forth history? ☒ YES ☐ NO

If "No," answer
1 (a) and (b) below.

(a) State how injury occurred and give source of this information. (If claim is for occupational disease, include occupational history and date of onset of related symptoms).

SEE REPORT DATED 10-22-69

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(b) Was patient previously under the care of another physician for this injury? ☐ YES ☐ NO

If "Yes," enter his name and address, and reason for transfer under "Remarks" (Item 10).

2. Is there any history or evidence of pre-existing injury, disease or physical impairment? ☐ YES ☐ NO

If "Yes," describe specifically:

3. Present condition (include diagnosis, subjective complaints, objective findings, and any change of condition since last report. If patient was hospitalized since last report, so state and give name and address of hospital):

EXAMINATION ON 3-16-70: Patient still complains of severe pain in her back. Examination today was essentially unchanged. The patient was referred for a Neurological Consultation. When seen by me today the patient was still totally disabled.

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4. Nature of treatment: To return after Neurological consultation is obtained.

Date of your first treatment: 10-22-69

Date of your most recent treatment: 3-16-70

Are you continuing treatment? ☒ YES ☐ NO

If treatment is continuing, estimate its probable duration. If it has terminated, indicate reason.

5. May the injury result in permanent restriction, total or partial loss of function of a part or member, or permanent facial, head or neck disfigurement? ☐ YES ☐ NO

If "Yes," describe:

6. On what dates do you think patient was or will be able to:

Is patient working?

(a) Resume limited work of any kind?
Date:

(b) Resume his regular work?
Date:

☐ YES ☒ NO

7. If patient is unable to do his regular work, but can do limited work, specify his work limitations due to this injury.

8. In your opinion, was the occurrence described above (or in your previous report which gave this information) the competent producing cause of the injury and disability (if any) sustained? ☒ YES ☐ NO

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9. Is rehabilitation treatment or services or evaluation therefor advised? ☐ YES ☐ NO

Explain:

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If rehabilitation treatment or services or evaluation is advised, has referral been made? ☐ YES ☐ NO

If "Yes," to whom?
If "No," indicate why.

10. Enter here additional information of value, requests for authorization, etc.:

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Dated	Typed or Printed Name of Attending Physician	Address
3-16-70	K. Walder, M.D.	40-33 76th St., Elmhurst, L.I., 11373
WCB Rating Code	WCB Authorization No.	Telephone No.
SB	176124	898-5470
Written Signature of Attending Physician		
<i>K. Walder</i>		

RPK:ed ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS.

RED SCREENING

HAZZARD CARRIE

HIP

The City of New York
Department of Social Services

THIS IS A PRIVILEGED AND CONFIDENTIAL COMMUNICATION

To: DR. J. W. HUNTARA, M.D. FROM: Center of Div. Gramercy G.C. 15
HIS OFFICE Hospital

We would appreciate your giving us the indicated information concerning the following person who is receiving assistance from us.

TO BE FILLED IN BY DEPARTMENT OF SOCIAL SERVICES
Name Hazzard, Carrie Age 50 Case No. HR 2846451-1
Address 309- West St. Apt. 2 B Clinic No. Medicaid Card
Usual Occupation Charwoman Date of Last Employment Dec 22, 1968
Social Factors Person with family, living in New York City
family Client is self-supporting, has no other help but
husband Back is consistently painful - prevents working
Caselead No. 1. F. Antone Medical Social Worker
2.5 Case Worker

TO BE FILLED IN BY PHYSICIAN
Clinic Attendance: Regular ☒ Irregular ☐ Date of Last Visit 2/2/71
Diagnosis and Recommendation for Treatment Arthritis of Spine -

Approximate Length of Incapacity undetermined
Based on your findings, the Department of Social Services will attempt to place this patient in proper employment or still refrain entirely from referral for employment. Therefore, will you please answer the following questions:
A. Is patient employable at usual occupation? Yes ☐ No ☒
B. Is patient employable at heavy manual labor? Yes ☐ No ☒
(pick and shovel, heavy lifting, heavy cleaning or laundry, etc.)
C. Is patient employable at light manual work? Yes ☐ No ☒
(porter, janitor, factory worker, light laundry, light housework, matron, etc.)
D. Is patient employable at light or sedentary work? Yes ☐ No ☒
(clerk, flagman, watchman, light factory work, etc.)
E. Can patient be made employable by treatment? Yes ☐ No ☒

REMARKS RELATIVE TO PATIENT'S CAPACITY TO WORK:

NOTE TO PHYSICIANS

Please mail this form to
Medical Social Worker in
Center

Form N-412b
Rev. 7/1/67 GOM-615407(10)

(Signed) Adeline Perrotta M.D.

appendix "W" (Refer to the Shortened
Record for appellate Division, listed below
For Exhibit "V")

EX. "V" is in shortened
Record below; Report of
the Hip Clinic

Approved:

Eugene R. Whitell

The Prudential Insurance Company of America

AMERICAN

NEW YORK CITY HEALTH AND HOSPITALS CORP.
FRANCIS DELAFIELD HOSPITAL

99 FORT WASHINGTON AVENUE

NEW YORK, N. Y. 10032

TEL: (212) 578-8484

Mrs. Carrie Hazzard
15 St. James Place
New York City, New York

December 21, 1972

FDH#31416

Dear Mrs. Hazzard,

When you were last here you were given an appointment to return to the Surgical Clinic but this appointment was not kept.

Our doctors are interested in knowing how you have progressed since your last visit and feel that it is necessary that you return to the clinic. I am sure you realize the importance of this interest and want to have the advantage of this care.

Will you arrange to return to the clinic on January 16, 1972 (Tuesday) at 9:00 A.M.

If for any reason you find it impossible to keep this appointment please send a report on the enclosed self-addressed card and state on what date you can return.

Also, please include any change of address so that we can correct our records.

Yours truly,
C. B. Boudon
Surgical Clinic Secretary

Telephone: 579-8570 or
579-8571

For: Joseph A. Buda, M.D.
Office of the Director
of Surgery

Enc. 1

Ex. (11/21/72)

NEW YORK CITY HEALTH AND HOSPITALS CORP.

FRANCIS DELAFIELD HOSPITAL

99 FORT WASHINGTON AVENUE

NEW YORK, N. Y. 10032

Carrie Hazzard
15 St. James Place #9F
New York City, New York 10038

January 18, 1973

FDH# 31416

When you were last here you were given an appointment to return to the Surgical Clinic but this appointment was not kept.

Our doctors are interested in knowing how you have progressed since your last visit and feel that it is necessary that you return to the clinic. I am sure you realize the importance of this interest and want to have the advantage of this care.

Will you arrange to return to the clinic on February 20, (Tuesday) at 9:00 A.M.

If for any reason you find it impossible to keep this appointment please send a report on the enclosed self-addressed card and state on what date you can return.

Also, please include any change of address so that we can correct our records.

Yours truly,

Surgical Clinic Secretary

C. Boudon
Telephone: 579-8570 or
579-8571

For: Joseph A. Buda, M.D.
Office of the Director
of Surgery

Enc. 1

This is a duplicate of the first letter sent to me by this Hospital. I received it today in the mail (Jan. 22) 1973

Ex. ("y")



WORKMEN'S COMPENSATION BOARD

HEARING

PLACE	PART	DATE	TIME
3RD FLOOR 50 PARK PLACE, NEW YORK CITY	17	APRIL 7, 1970	11AM

CLAIMANT WCB Case No. 06947347 Carrier Case No. 8090773 21 Claimant CARRIE HAZZARD 309 MOTT ST NYCITY 10012X Employer GEORGE WASHINGTON HOTEL LEXINGTON AVE AT 23 ST NYCITY GENERAL FIRE & CAS 790 BWAY, NYCITY B. GROSSMAN 305 BWAY, NYCITY PRUDENTIAL INS CO OF AMER 707 EIGHTH AVE NYCITY, DB NO 51871- COMMODORE HOTEL 42 STREET NYCITY	Date of Accident 10 13 68 Carrier Code 01-21 07002424
--	---

CLAIMANT AND CARRIER SHOULD BE PRESENT AT HEARING AND PRODUCE NECESSARY EVIDENCE INDICATED BELOW, OTHERWISE, THE REFEREE MAY MAKE HIS DECISION BASED ON EVIDENCE IN THE FILE.

CLAIMANT
BRING THIS NOTICE WITH YOU. READ THE INFORMATION ON THE REVERSE SIDE. IT IS IMPORTANT.

TO CONSIDER:

PURPOSE OF HEARING

- ☐ Period and extent of disability
☐ Loss of earnings
☐ Accident - Notice to employer
Causal relationship of accident to injury
- ☐ Rate of compensation
☐ Carrier Penalty
- ☒ FURTHER CONSIDERATION OF DISABILITY IN CONJUNCTION WITH 07002424

TO HAVE CLAIMANT EXAMINED BY STATE PHYSICIAN FOR:

- ☐ Disability
☐ Facial Disfigurement
☐ Final Adjustment
☐ Treatment

EVIDENCE TO BE PRODUCED

BY CLAIMANT:

- ☐ Latest medical report from own physician

- ☐ Record of earnings since accident

☐

BY EMPLOYER OR CARRIER:

- ☐ Payroll of claimant

- ☐ Payroll of similar worker

- ☐ C-2, Employer's Report of Injury

- ☐ Medical reports

- ☐ C-4 Final medical report

- ☐ X-rays

- ☐ C-11 (Notice of claimant's return to work)

In Volunteer Firemen's Benefit cases, the liable political subdivision is deemed to be the "EMPLOYER" of the volunteer fireman.

☐ Hospital records

Dated:

3 23HK

C-16 (1-69) N.Y.C.



SE Senior
Chairman

Appendix ("Z")

Workman's Compensation Board

Re: Carrie Hazard, Claimant -
Appellant v. The Commodore
Hotel, Employer, George Washington
Hotel, Employer, General Fire
and Casualty Company, Respondent,
and Workman's Compensation Board, Respondent.

Re: W. C. B. Case Nos. 06947347 -

07002424 - Application
for inclusion
of certain
documents in
the record.

Attached hereto are Exhibits A, B, C, D, E,
and F, which Claimant here by requests be
included in the record on appeal:

1. Exhibit A is a report from the Metropolitan
Hospital dated December 24, 1968. Although
Exhibit A was not listed in the full record
list, the Board has reviewed such report and
relied there on in its decision. The Board's
decision dated November 27, 1970 states:
"On December 23, 1968, she was treated

Exhibit "Z" - 3

Z-1 and Z-2 Referred to on page 2 of
this brief.

the clinic of the Metropolitan Hospital". This document plainly states the date, as well as diagnosis, including the two clinics that Claimant was referred to for treatment. N. Y. N., and Orthopedic clinics; proving that they were told of the severe back strain as well as abdominal strain. Re: (DB-300) It appears that this being a document in Claimants file, it was at the disposal of the Board when it rendered its decision; or perhaps it was buried so deep, that it was difficult to find. Therefore, I request that "Exhibit A," be included in the record.

2. Exhibit B.

Exhibit B, is a statement of treatment dated April 18, 1969 from the Metropolitan Hospital also a restricted diagnosis. Again, as set forth in the discussion of Exhibit A above, the Board refers to the medical records of the Metropolitan Hospital which plainly points out Claimants condition, therefore "Exhibit B" had to have been before the Board at the time its decision was rendered. It is directly related to this appeal, therefore, it should be included. (What kind of work could Claimant do, not being able to perform work requiring

(2)

lifting or bending? \ Hospital's date on this report is February 18, 1969. April 18, 1969 is the date that I requested a statement for the union; which they (the union) refused to accept the statement as not being able to do any work requiring bending or lifting, sending me to their (the union's) Doctor, after which my claim was rejected. This leads to;

3. Exhibit C.

Exhibit C is also a DB-451 document referred to above concerning the union's Claim. Supervisor refusing to accept the DB-451 report dated April 18, 1969, thus, refusing to pay me further benefits. Exhibit C is that rejection notice which no one thought to mention. Surely the Board, having asked for the DB-451 file to review the various records came across this vital document. This is what caused claimant to go to a private doctor. Not an after thought as described by the Board to get compensation; but on the contrary, to protect against the union cutting me off after 14 weeks of benefits. I was told that they paid disability benefits up to 25 weeks. This document is dated April 7, 1969; I visited the private Doctor May 2, 1969 with the medical questionnaire

Ex. Q

that the union claim's supervisor had sent me to be filled in by a physician. After examination and medical inquiry, Dr. Graham filled out the medical Dr.'s report requested by the union and also filed his report on a workman's compensation form, stating that it was a case for the workman's compensation Board, and that I never should have received union benefits, explaining why. So it is plain to see that I had nothing to do with the medical diagnosis and findings of the doctor. He, went to school and studied medicine. I did not. I had no after thoughts. I asked that the Doctor be brought in. His report of May 2, 1969 plainly puts this out.

4. Exhibit D.

Exhibit D is a letter; again, referring to the medical reports from the Metropolitan Hospital; Knowing that I was being neglected and ignored I wrote to the Commissioner of the Dept. of Hospitals, a Dr. Nathan Smith acknowledged same. Exhibit D is that acknowledgement. There were two sets of x-rays at the time this letter was written by the Metropolitan Hospital. X-rays of the back and spine. yet this letter dated July 8, 1969 from the commissioner's office, states very clearly that your diagnosis is, "Low back pains of unknown origin"; Medically their doctors could find nothing concrete. Surely,

(4)

Exhibit G

you can see the "instability" of the Metropolitan Hospital's reports and records which has been the foundation and basis of the decision that ruled against me. The Metropolitan Hospital has, (in another of their medical reports) diag-
nosed my condition as "Congenital!" Referring to this letter to the commissioner July 8, 1969 later in August and Sept. of 1969 (one or two months later) the diagnosis of my congenital was given after therapy treatments of three times per week was prescribed. All of this resulted from the correspondence with the Dept. of Hospitals refuting unquestionably the erroneous statements made. When I wrote the Dept. of Hospitals, I was without an appointment. This is why I had to write.

5. Exhibit E.

Exhibit E is a notice of claim for disability benefits sent to Hotel Paris. I didn't understand, and gave their name and address as the last place I was employed steady. I worked there from June 27, 1965 with a three month and one half lay off up until Oct. 4, 1968. This document is completely falsified. It states that I worked from April 3, 1966 to Oct. 4, 1969. It also states employment during 1969. I haven't worked since Dec. 22, 1968. These are professional, skilled people that

ONLY COPY AVAILABLE

(6)

are making these so-called mistakes, and are getting away with their so-called mistakes. I was ignorant to the facts of compensation (as every one realizes) but my ignorance and mistakes have been ruled out, and I'm still denied my legal benefits. Surely, you don't expect me to be perfect in my application when these trained people have made mistakes through the entire file. From this document, it can be proved that I didn't have any trouble with my back to the extent that it stopped me from working. There is a record kept of the workers. I only lost a few days during the course of my employment. Attached is W-2 form of 1965 with this DB-report.

6. Exhibit F.

Exhibit F is a very important document dated April 2, 1970 and detrimental to this office. This letter came to claimant from the representatives of General Fire and Casualty Ins. Co. Gentlemen, I'm sure that you all are familiar with the contents of this letter. There is not a reasonable doubt concerning the intentions of these "Insurance adjusters" as they plainly describe themselves. They are stressing the urgency of this interview. It's no wonder that they have put in this claim for reimbursement; knowing that I didn't get the

ONLY COPY AVAILABLE

(6)

money (for I'm still fighting in the name of justice. I'm wondering as I'm sure that you all are, where did it go? who received it? who made the settlement without my knowledge? My attorneys, Markoff and Bettlieb Inc. were told of this letter and the telephone conversation with Mr. Cleary. I didn't hear any more about it until I saw this "Notice of Claim for reimbursement." I was not paid any monies by the Commodore Hotel. If they were controversing my claim they would not have contacted me at all. This money (reimbursement) is out of the "Special fund". I'm sure that you can see the relevance of this Document (the reimbursement claim notice out of the Special Disability fund under Section 15, Subd. 8) which I'm calling Exhibit B. dated Oct. 12, 1970.

⑧ Exhibit H.

Exhibit H is a medical report from the upper manhattan medical group ("Hip Clinic") which is recognized by both City and State Governments for their employee's medical needs.

It is dated October 27, 1970 from and by Dr. Adelaide M. Alcantara. The Claimant was examined by Dr. Alcantara, after, the Board hearing of October 13, 1970, therefore, the Board did not review this document before rendering its decision.

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS.

C-4 (3-67)

See Reverse Side

("S")

ion on November 27, 1970. However, this document was submitted to the Board on December 28, 1970 in connection with Claimant's request for a review of the November 27, 1970's decision and a rehearing pursuant thereto.

This document addressed "To whom it may Concern," stating that Claimant is under such Dr's care as of that date, October 27, 1970, and that Claimant is unable to work because of "Arthritis of the Lumbo Sacral Spine". This document is further evidence that Claimant did sustain these injuries during the course of her employment, in Oct. and Dec. of 1968, and that such injuries have now resulted into Arthritis setting into the Lumbo Sacral Area preventing Claimant from working. Again, referring to the medical reports of the Metropolitan Hospital, there were no signs of Arthritis during the time of Claimant's visits there through the 26 of Sept, 1969. These are very important facts that should be included in this appeal.

Respectfully,
Carrie L. Hubbard
309 Matt St. apt. 2D
New York, N.Y. 10012

To:

(8)

(8)

2-12-70	K. Walder, M.D.	40-33 76th St., Elmhurst, L.I., 11373	
WCB Rating Code SB	WCB Authorization No. 176124	Telephone No. 898-5470	Written Signature of Attending Physician <i>K. Walder</i>

ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS.

C-4 (3-67)

"J" See Reverse Side

Attorney General
176 Broadway
New York, N.Y.

State Inc. Fund
at. Mrs. Lasky
199 Church St.
New York, N.Y.

Philip D. Caputo
11 Park Place
New York, N.Y. 10007

(9)

ONLY COPY AVAILABLE

Dated 3-16-70	Typed or Printed Name of Attending Physician K. Walder, M.D.	Address 40-33 76th St., Elmhurst, L.I., 11373
WCB Rating Code SB	WCB Authorization No. 176124	Telephone No. 898-5470
		Written Signature of Attending Physician <i>K. Walder</i>

RPK:ed ANSWER ALL QUESTIONS. AVOID USE OF INDEFINITE TERMS.

HOSPITAL METROPOLITAN

HAZZARD CARRIE
4-13-20

CONTINUATION RECORD

SURNAME	FIRST	MIDDLE	SEX	AGE	DATE ADMITTED	WARD
SCREENING CLINIC DEC 24 1968						
Constipation - Pain R.L.Q. - Pt states she has had frequent discharge for 2 months To hospital today						
C. L. Walder						
DEC 24 1968 GYN. CLINIC - O.P.D. P.K.						
43 yo/F of Mulholland Ave - 1957 to J.H. cc - Vag discharge + lower abd pain 1 1/2 mo. ? hx of PID 1963? all O.D. and vaginal exam - Hb well kept						
Vaginal						
2/12/69 HCL 2 mo						
H.M.						
Etiology "J"						

HOSPITAL

PATIENT

STATEMENT OF TREATMENT

Date April 10, 1962

Name Gerardo Haggard
Age 38 Sex M Occupation _____
Address when admitted
302 West Street
New York, New York

SENT TO

TO WHOM IT MAY CONCERN

TO WHOM IT MAY CONCERN

- This is to certify that the patient named above:
- ☐ Admitted to Hospital on _____ 19____
 - ☐ Discharged on _____ 19____
 - ☐ Is still in the hospital under treatment and will not be discharged before _____ 19____
 - ☐ Was treated in the emergency room on _____ 19____

☒ Was treated in the O.P.D. on the following dates:
patient unable to perform work requiring
lifting or bending.

Signed _____

(Miss) D. Day Surgeon, O.P.D. and Out-Patients Office
DO NOT USE THIS FORM FOR MEDICAL DIAGNOSIS OR MEDICAL ABSTRACT

Epiphora "()"

(11)

The Prudential Insurance Company of America
N.Y. Group Administration Office
707 Eighth Avenue
N.Y. 10036, N.Y.

Carrie C

NOTICE OF REJECTION OF CLAIM FOR DISABILITY BENEFITS

This form is prescribed for use by self-insured employers, unions or associations and insurance carriers for the rejection of a claim for disability benefits. This notice is to be mailed to the claimant in triplicate to give the claimant the opportunity of filing the notice with the Chairman for the purpose of review by the Board.

Carrie Hazzard 309 Mott Street Apt. 2 D New York, N. Y. 10012		Social Security No. 183-20-3010
		Date of This Notice 4-7-69
		Claim or File No. 51871
Employer George Washington Hotel	Address Lexington Ave. & 23rd Street, N.Y.C.	U.I. Reg. No.
Policy Holder or Union (If Different from Employer) Hotel Trades Council & Hotel Ass'n. of N.Y. Insurance Fund	Address 707 Eighth Avenue New York, N.Y. 10036	

You are hereby notified that your claim for disability benefits is rejected for the reason(s) checked below:
(Check each item on which claim is being rejected. Use the spaces provided below for further explanation when necessary.)

1. ☐ Payment of benefits is rejected after March 31, 1969 the date you could return to work according to medical evidence on file.
2. ☐ Your claim was filed more than 26 weeks after your disability began.
3. ☐ Notice and proof of disability was not furnished within 20 days after disability commenced.
(A) ☐ No benefits payable
(B) ☐ Payments are being made beginning 2 weeks prior to the date your claim was filed.
4. ☐ You did not have 4 consecutive weeks of employment immediately prior to disability.
5. ☐ Your disability began more than 4 weeks after your employment terminated. Your claim, together with a copy of this notice, is being forwarded to the Special Fund for Disability Benefits for consideration.
6. ☐ We are not the insurance carrier liable for the payment of any disability benefits to which you might be entitled.
(A) ☐ Our information indicates the proper carrier is:
Your claim has been forwarded to that company.
(B) ☐ Your claim is returned herewith. We suggest you give it to your employer for submission to the proper carrier.
7. ☐ Disability due to pregnancy is excluded by the Disability Benefits Law.
8. ☐ You have received 26 weeks of benefits, the maximum payable during a period of 52 consecutive weeks or for any one disability.
9. ☐ Other:

TO CLAIMANT: IF YOU DO NOT AGREE WITH THIS REJECTION OF YOUR CLAIM, FILL IN REVERSE SIDE OF THIS FORM. READ INSTRUCTIONS ON REVERSE SIDE.

Date April 7, 1969

DB-451 (2-60)
Prescribed by Chairman,
Workmen's Compensation Board

James Lee
James Lee
Authorized Signature

(*ML*) Title Supervising Claim Approver

Printed in U.S.A. by Prudential Press

(12)



DEPARTMENT OF HOSPITALS
125 WORTH STREET, NEW YORK, N. Y. 10013

JOSEPH V. TERENCE, Commissioner

Exhibit D

July 8, 1969

Miss Carrie Hazzard
309 Mott Street
Apt. 20
New York, N.Y. 10013

Dear Miss Hazzard:

This is in reply to your letter to Commissioner Terenzio regarding Metropolitan Hospital.

Examination of Metropolitan Hospital records reveal that you have been undergoing treatment in their clinic. Your diagnosis is "low back pains of unknown origin". Medically, nothing concrete could be found by their doctors to prevent your returning to work, except work requiring lifting or bending.

At your request, a Workmen's Compensation Board claim form, dated 2/21/69 was being processed for you by their offices. You requested that this form not be completed by Metropolitan Hospital because such a claim, if granted, might interfere with your Welfare payments.

Entry on your chart, dated June 11, 1969, reads: "Patient does not wish to wait for doctor. Return to clinic in two weeks".

We can find no evidence to indicate Metropolitan Hospital doctors are in any way refusing to give you treatment.

Very truly yours

NATHAN SMITH, M.D.
Hospital Administrator (Medical)

NS:202

(11)

(13)

July 14, 1969
202 West 12th St. Apt. 2
New York, New York 10013

Department of Hospitals
125 North street
New York, N. Y. 10013

Att: Mr. Nathan Smith, M.D.

Dear Mr. Smith:

In reply to your letter dated July 8th, I'm sorry having to refute those fraudulent statements (with all due respect to you and the position you hold). They are "lies" and by one who has a part in this "Criminal Conspiracy". This is or brings out what I was trying to relay to you in the previous letter. I don't expect them to acknowledge publicly my accusations. However when they mention the fact, "Low back pains of unknown origin" my accusations were indirectly. They know of the accidents (2) that I had. Mr. Newland, I think that is how it is spelled mentioned them about a month or so ago, and of course this broke down a almost collapse of Dec 1st or 23rd. , they were informed again. (Not only that there is a dent in the lower part of my spine) which verified my claim that there is Harlem's Hospital to verify the account of 1968's accident, plus witnesses (white and colored.) The last I was working for, my condition.

The cancellation of the Workman's Compensation, had nothing to do with welfare. I knew that (or thought that,) you had to break a link, or cause the trouble with the back (From the beginning on the 1st). I was (ignorant) to its provisions. That is why I said, after talking it over with different people, that it was not for them (Workman's Compensation) and I wrote them to that effect) put in my disability claim without a lien, after being advised that it was for them Jan. 6th., explaining that it was I had made. They tried to persuade me to file with Workman's Compensation saying that I would get more money (at that time \$4.00 per week) and I said, I am a Christian, regardless to the amount of benefits paid, I will lie. (I didn't know of the off job provisions) my private doctor said that it was for compensation then I decided to file for it that year, 1969. I was protesting a rejection application, which was up for going to the private doctor. The union didn't want to accept the hospital's statement of not being able to bend or lift. Welfare, which I was on, (I wanted to survive) had nothing to do with it when I asked them to cancel the Workman's application. The Hospital knew of the union's efforts; they sent the information to the union. I know I couldn't survive (what they are saying I would have been drawing three, Welfare, Union dues and Workman's Compensation. You can see what lies they are telling.

(~~14~~ - 1)

(14)

July 14, 1969
207 West 11th Street
New York, New York 10011

Department of Hospitals
125 North Street
New York, N. Y. 10013

Att: Mr. Nathan Smith, M.D.

Dear Mr. Smith:

In reply to your letter dated July 8th, I'm sorry having to refute those fraudulent statements (with all due respect to you and the position you hold). They are "lies" and by my one who has a part in this "Criminal Conspiracy". This is or brings out what I was trying to relay to you in the previous letter. I don't expect them to acknowledge publicly my accusations. However when they mention the fact, "Long back pains of unknown origin" my accusations were indirectly. They know of the accidents (2) that I had. Dr. Newland, I think that is how it is spelled mentioned them about a month or so ago, and of course this brake down or almost collapse of December 23rd., they were informed again. (Not only that there is a dent in the lower part of my spine) which verifies my statement; there is Harlem's Hospital to verify the account of 1968's accident, plus witnesses (white and colored.) He last I was working for, my condition.

The cancellation of the Workman's Compensation, had nothing to do with welfare. I knew that (or thought that,) you had to break which, or cause the trouble with the back (from the beginning on the job). I was (ignorant) to its provisions. That is why I said, after talking all over with different people, that it was not for them (Workman's Compensation) and I wrote them to that effect) but in my disability claim with a union, after being advised that it was for them Jan. 6th., concluding the claim I had made. They tried to persuade me to file with Workman's Compensation saying that I would get more money (at that time \$4.00 per week) than I did. I am a Christian, a member to the amount of benefits said, I am a lie. (I didn't know of the off job provisions) my private doctor said that it was for compensation then I decided to file for it that year, 1969. I was protesting a rejection application, which was my reason for going to the private doctor. The union didn't want to accept the doctor's statement of not being able to bend or lift. After, which I was forced on, (I wanted to survive) had nothing to do with it when I asked them to cancel the Workman's application. The Hospital knew of the union's policy; they sent the information to the union. I knew I couldn't have two (from what they are saying I would have been drawing three, Welfare, Unemployment and Workman's Compensation. You can see what lies they are telling

(11 - 1)

(15)



STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
EMPLOYMENT DIVISION
1010 H.D. BUILDING
ALBANY, NEW YORK 12241

CO-100-100

Exhibit E

NOTICE OF CLAIM FOR DISABILITY BENEFITS

Hotel Paris
752 West End Ave. N.Y.
New York, New York

GARRETT L. HARTARD
307 H.D. Bldg.
New York, New York 10010

Claimant

TO EMPLOYER: If your employee is injured or disabled, you must report it to the Board within 10 days of the injury. Your report must include a description of the injury, the date and time of the injury, the name of the employee, and the name of the employer. You must also provide a copy of the report to the employee. If you fail to do so, you may be liable for the payment of the claim. A penalty of \$100 per day may be assessed for each day of delay.

Date Disability Began	From	Through	Amount Paid	Amount Due
10-11-60				

1. Is the AVERAGE WEEKLY WAGE (based on the reported by the claimant correct)? ☐ YES ☐ NO

If No, or if AVERAGE WEEKLY WAGE is not shown above, enter employer's gross wages for each of the 52 weeks immediately prior to and including the last day worked. (Include reasonable value of board, lodging or similar benefits paid).

Wk	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Total
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

2. Are the dates shown above for the PERIOD WORKED, correct? ☐ YES ☐ NO

If Yes, or if dates for PERIOD WORKED are not shown above:

3. Has claimant received or will he receive other benefits for the disability period based on the data shown above? ☐ YES ☐ NO

4. Did you have Disability Insurance on claimant's last day of work? ☐ YES ☐ NO

If Yes, explain:

Insurance Co. Name of Insurance Company

If No, explain:

13 exp's

Business Name of Employer

Signature and Title

(16)

LICENSED

BONDED

ROBERT F. BARRECA, INC.

CASUALTY CLAIM ADJUSTERS

135 WILLIAM STREET
NEW YORK, N. Y. 10038

349-6790

Cable Address: NYBARRECA

April 2, 1970

NASSAU-SUFFOLK OFFICE
32 CENTRAL PARK ROAD
PLAINVIEW, NEW YORK 11803

NEW JERSEY OFFICE
88 CORTLANDT STREET
WALDWICK, N. J. 07463

LEGAL DEPT.
888 8TH AVENUE
NEW YORK, NEW YORK
212 868-1062

Exhibit F

Carrie Hazzard
309 Mott Street
New York, New York

Re: Carrie Hazzard vs.
Hotel Commodore
D/A: 10/13/68

Dear Miss Hazzard:

We represent General Fire & Cas. Ins. Co.
on the captioned case.

It is important and urgent that you contact this
office at once and arrange an appointment with our repre-
sentative for an interview.

We have assigned our adjuster Mr. Joseph Cleary
- telephone (212) Digby 9-6790 - night phone # (201) 444 4992
to conduct the interview.

Please contact Mr. Cleary by phone
immediately.

If convenient you may visit this office on
either Monday or Thursday morning.

Very truly yours,

Robert F. Barreca
Robert F. Barreca

RFB:bj

(~~14~~) ~~MT~~

SERVICING CENTRAL AND SOUTHERN NEW YORK, NORTHERN NEW JERSEY AND SOUTH CONNECTICUT

(17)

NOTICE OF CLAIM FOR REIMBURSEMENT OUT OF THE SPECIAL DISABILITY FUND UNDER SECTION 15, SUBD. 8

Exhibit C-C

1. Worker's Number	2. Carrier's Number	3. Carrier Code	4. Date of Injury
5. Name		6. Address	
7. Injured Person	8. City, State, and Zip		
9. Employer	10. City, State, and Zip		

NOTICE is hereby given and claim made to the Chairman of the Workmen's Compensation Board on behalf of the employer above named in accordance with the provisions of the Workmen's Compensation Law, as amended, for an apportionment of any liability for compensation or disability benefits that may be awarded and any medical expense that may be necessitated by reason of the injury, hereto, and for an order of the Board providing for reimbursement of that portion of all such compensation, death benefits, and medical expenses as provided in said law. In support of such notice and claim, and without precluding the right to establish further facts, the following allegations are set forth subject to proof at a hearing:

1. Description of injury, its nature and extent must be set forth in detail.	When incurred
2. Evidence of exposure to the hazard to which the injury is set forth in attached:	Pre-employment physical examination, if any
3. Description of the injury, its nature and extent must be set forth in detail.	
4. Description of the injury, its nature and extent must be set forth in detail.	
5. Description of the injury, its nature and extent must be set forth in detail.	
6. Description of the injury, its nature and extent must be set forth in detail.	
7. Description of the injury, its nature and extent must be set forth in detail.	

GENERAL FIRE AND CASUALTY COMPANY
1790 BROADWAY, NEW YORK, N.Y. 10019

EX-108-KF

If paid by the carrier, the carrier shall be reimbursed by the employer.

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(583 (18))

(MAIL THIS CLAIM TO DISTRICT OFFICE WHERE COMPENSATION CLAIM WAS FILED)

C-250

12-4

Provided by the
Workmen's Compensation Board
New York

Exhibit B

PRINT NAME OF CARRIER OR SELF-INSURED EMPLOYER
IN 24 POINT SIZE TYPE WITHIN BRACKETED SPACE

NOTICE OF CLAIM FOR REIMBURSEMENT OUT OF
THE SPECIAL DISABILITY FUND UNDER SECTION 15, SUBD. 8

1. W.C.B. Case Number	2. Carrier Case Number	3. Carrier Code	4. Date of Injury
0644 1347	DC 6495	31	10/13/66
Name		Address	
5. Injured Person	CARRIE HAZARD		
6. Employer	HOLL COMMODORE		
	309 MOTT ST N.Y.C.		
	42ND ST AND LEXINGTON AVE N.Y.C.		

NOTICE is herewith given and claim made to the Chairman of the Workmen's Compensation Board on behalf of the employer above named in accordance with the provisions of the Workmen's Compensation Law, as amended, for an apportionment of any liability for compensation and death benefits that may be awarded and any medical expense that may be necessitated by reason of the injury herein and for an order of the Board providing for reimbursement of that portion of all such compensation, death benefits and medical expense as provided in said law. In support of such notice and claim, and without precluding the right to establish further facts as may be developed, the following allegations are set forth subject to proof at a hearing:

1. Previous physical impairment: (The nature and extent must be set forth in detail)	
When incurred <u>1964-1965</u>	
<u>BACK</u>	
2. Evidence of employer's knowledge of such condition is set forth in attached:	
a. <input type="checkbox"/> Letter or signed statement	b. <input type="checkbox"/> Pre-employment physical examination, if any
c. <input type="checkbox"/> Other (explain)	<u>To Follow</u>
3. If such impairment was the subject of either a compensation claim or court action, give full particulars: (Give name of employer, insurance carrier, W.C.B. No.)	
<u>N/A</u>	
a. If previous permanent partial classification or schedule loss, state date and particulars of award	
b. If judgment or settlement attach particulars (e.g. date, court, defendant, index number, counsel, carrier, etc.)	
4. Details of present claim:	
a. <input type="checkbox"/> See attached copy of Form C-2; Claimant's age <u>49</u> ; A.W.W. _____	
b. Is the right to compensation in this proceeding controverted? <u>YES</u>	
If so, upon what ground? <u>A, N, AND CR.</u>	
c. Compensation has been paid from _____ to _____ and payments <input type="checkbox"/> are <input type="checkbox"/> are not continuing.	
5. Description of alleged injury in present claim: <u>BACK</u>	
(See attached copy(s) of report(s) from attending physician and/or consultant)	
6. If a death claim, set forth the date of death and nature of the injury which claimant alleges caused the death: (Attach copy of death certificate)	
7. Copy of this notice with enclosures has been served on the Special Funds Conservation Committee, 200 E. 42nd Street, New York, N.Y. 10017 on <u>10/12/70</u>	

ENCLOSURES:

(If previously filed with the WORKMEN'S COMPENSATION BOARD, send only to the SPECIAL FUNDS CONSERVATION COMMITTEE)

- ☐ Employer's letter or signed statement
☐ Pre-employment physical

We hereby certify that the above information is true and correct to the best of our knowledge.

GENERAL FIRE AND CASUALTY CO.
Insurance Carrier

1790 BROADWAY, NEW YORK, N.Y. 10019
Address

By: FRANK J. MORANO

Name

WILLIAM REY

Title

10/12/70

MAIL THIS CLAIM TO DISTRICT OFFICE WHERE COMPENSATION CLAIM WAS FILED

10/12/70

EXHIBIT B

H

Hip Clinic

TO 2-7200

REG. NO.

ADELAIDA M. ALCANTARA, M. D.

1060 AMSTERDAM AVE.

NEW YORK, N. Y. 10031

OFFICE HOURS: BY APPOINTMENT

NAME

Barbara Hayward

AGE

ADDRESS

309 West 57 St

DATE

10/27/70

To whom may concern:

Edis

is to certify that miss Hayward
is under my care because
of arthritis of lumbo-sacral
spine and she is unable
to work.

A. Alcantara
M.D.

REFILL _____ TIMES



S. E. SENIOR
CHAIRMAN

NOTICE OF BOARD HEARING

W.C.B. Case Number	Carrier Case Number	Date of Accident or Death	Date of Rejection - D.B.
07002424 06947347	8099 263-21 AC6495	01 31 12/22/68 10/13/68	

KE NOTICE THAT THIS CASE WILL BE PRESENTED TO THE WORKMEN'S COMPENSATION BOARD ON

Date of Hearing	Time	Place of Hearing	Room	Floor	Part
Wed. Nov. 10, 1971	10 A.M.	New York City		3	B

AT THE ADDRESS SHOWN BELOW.

PURPOSE OF HEARING

On application of the claimant-appellant and pursuant to Board Rule 17 (d) for settlement of the Record on appeal.

Carrie Hazzard
309 Mott St.-Apt. 2D
New York City 10012

CLAIMANT

George Washington Hotel
Lexington Ave. & 23 St.
New York City 10010

EMPLOYER

State Insurance Fund
199 Church St., NYC

Commodore Hotel
42nd St., & Lexington Ave.
New York City 10017

General Fire & Casualty Co.
275 Glen Cove Road
Carle Place, N.Y. 11514

Grossman & Wolfe, Attys.
305 Broadway
New York City 10007

Sher & Herman, Attys.
277 Broadway
New York City 10007

Aubrey Lee Pettit, Atty.
176 East 106th St.
New York City 10029

Philip J. Caputo, Atty.***
11 Park Place
New York City 10007

Prudential Insurance Co. of America (DB# 51871)
707 Eighth Ave.
New York City 10036

Robert F. Barreca, Atty.***
135 William St.
New York City 10038

Special Funds Cons. Comm.
200 E. 42nd St., NYC

Dated:

Alice Harper
General Counsel's Office - Bldg.

10/18/71 mb

ADDRESSES OF BOARD HEARING PLACES

ALBANY (Menands)

1949 North Broadway

BINGHAMTON

221 Washington Street

BUFFALO

State Office Building
125 Main Street

NEW YORK CITY

50 Park Place

HEMPSTEAD

167 North Franklin Street

ROCHESTER

155 Main Street, West

SYRACUSE

State Office Building
East Washington Street

ALL PARTIES IN INTEREST ARE DIRECTED TO
BE PRESENT OR REPRESENTED AT THE HEARING

By order of

WORKMEN'S COMPENSATION BOARD

SE Senior



STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
50 PARK PLACE, NEW YORK, N. Y. 10007

NOTICE OF BOARD DECISION

S. E. SENIOR
CHAIRMAN

W.C.B. Case No.	Carrier Case No.	Date of Accident	Date of Hearing
07002424 06947347 CARRIE HAZZARD	8099 263-21 AC6495	01 31 12/22/68 10/13/68	11/10/72

Board Members Present: A. MASSOLO G. A. GAVANNUCCI L. HUNTER

The action of the Board in the above identified claim is as follows:

SEE ATTACHED MEMO OF DECISION

The award, if any was made, is shown below. A copy of the Board's Memorandum of Decision is attached.

No. of Weeks	From	To	Weekly Rate	Amount

Other:

Fee: Carrie Hazzard
309 Mott St.-Apt. 2D
New York City 10012

Claimant: George Washington Hotel
Lexington Ave. & 23rd St.
New York City 10010

Employer: State Insurance Fund
199 Church St., NYC

Carrier: Commodore Hotel
42nd St. & Lexington Ave.
New York City 10017

General Fire & Casualty Co.
275 Glen Cove Road
Carle Place, N.Y. 11514

Grossman & Wolfe, Attys.
305 Broadway
New York City 10007

Sher & Horman, Attys.
277 Broadway
New York City 10007

Aubrey Lee Pettit, Atty.
176 East 106th St.
New York City 10029

Philip J. Caputo, Atty.
11 Park Place
New York City 10007

Prudential Insurance Co. of America (DB# 51871)
707 Eighth Ave. (SS# 183-20-3810)
New York City 10036

Special Funds Cons. Comm.
200 E. 42nd St., NYC

Alice Harper
General Counsel's Office
Bldg.

[Signature]
Chairman

Take notice that the above award & decision was duly filed in the office of the Workmen's Compensation Board on the 10 day of JAN. 1972

Dated: 1/10/72

[Signature]
Clerk

WORKING COMMITTEE
STATE OF NEW YORK

Before a Panel of three Members

Present: Arthur Massolo
Gertrude A. Cavanaugh
Leo Murin

on November 10, 1971

In the Matter of: Carrie Hazzard vs. George Washington Hotel
Commodore Hotel

W.C.B. Case No. 0700 2424, 0694 7347

Carrier's Case No. 8099 263 21 01 State Insurance Fund
AC6495 31 General Fire and Casualty Company

On application of claimant.

MEMORANDUM OF DECISION

This case appears before the Board on application of the claimant-appellant and pursuant to Board Rule 17(d) for settlement of the record.

Upon review, the Board Panel finds that exhibits "B", "D", "E", "F", "G", and "H", submitted by the claimant, are not to be included in the record, and that exhibits "A" and "C" are already part of the record.

Accordingly, the case is referred to the Attorney General's office for processing of the appeal in accordance with the above findings.

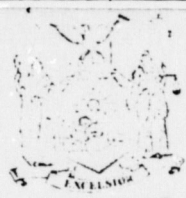
All concur.

*as the court can
very clearly see all
but two documents was
approved.
this is why I had to
leave the appellate
division and put
my complaint in to
federal court.*

Arthur Massolo

Gertrude A. Cavanaugh

Leo Murin



STATE OF NEW YORK
WORKMEN'S COMPENSATION BOARD
50 PARK PLACE, NEW YORK, N. Y. 10007

NOTICE OF BOARD DECISION

S. E. SENIOR
CHAIRMAN

W.C.B. Case No.	Carrier Case No.	Date of Accident	Date of Hearing
07002424 06947347	8099 263-21 AC6495	01 31 12/22/68 10/13/68	11/10/72
CARRIE HAZZARD			

Board Members Present: A. MASOLO G. A. CAVANAGH L. BURELL

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309 Mott St.-Apt. 2D
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707 Eighth Ave.
New York City 10036 (SS# 183-20-3810)

Special Funds Cons. Comm.
200 E. 42nd St., NYC

Alice Harper
General Counsel's Office
Bldg.

A. E. Senior
Chairman

Take notice that the above award & decision was duly filed in the office of the Workmen's Compensation Board on the 10 day of Jan. 1972
Dated: 1/10/72

W. H. Cline
Clerk

STATE OF NEW YORK

Before a Panel of three Members

Present: Arthur Massolo
Gertrude A. Cavanaugh
Leo Murin

Presiding

on November 10, 1971

In the Matter of: Carrie Hazzard vs. George Washington Hotel
Commodore Hotel

W.C.B. Case No. 0700 2424, 0694 7347

Carrier's Case No. 8099 263 21 01 State Insurance Fund
AC6495 31 General Fire and Casualty Company

On application of claimant.

MEMORANDUM OF DECISION

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Accordingly, the case is referred to the Attorney General's office for processing of the appeal in accordance with the above findings.

All concur.

*as the court can
very clearly see all
but two documents was
approved.
This is why I had to
leave the appellate
division and put
my complaint in to
federal court.*

Arthur Massolo

Gertrude A. Cavanaugh

Leo Murin

109

Date 12-21-73

Claim Number

10638

183-20-3510 01

Monthly Payment Amount

YOUR CHECK IS \$206.85
THIS INCLUDES \$76.85 FROM
THE STATE OF NEW YORK

Type of Payment

Payment Begins

INDIVIDUAL - DISABILITY:

JANUARY 1974


THIS IS NOT SOCIAL SECURITY

This is a notice that you are eligible (or the individual named above, on whose behalf you applied, is eligible) to receive the Supplemental Security Income payment shown above, as provided in Title XVI of the Social Security Act.

YOU DO NOT NEED TO FILE AN APPLICATION TO GET SUPPLEMENTAL SECURITY INCOME. A GOLD-COLORED U. S. GOVERNMENT CHECK FOR THE AMOUNT SHOWN ABOVE WILL COME TO YOU AUTOMATICALLY ABOUT THE FIRST DAY OF EACH MONTH. THIS CHECK WILL TAKE THE PLACE OF THE CHECKS YOU NOW GET FROM YOUR STATE OR LOCAL PUBLIC ASSISTANCE OFFICE.

1. *Chrysomelidae* 2. *Chrysomelidae* 3. *Chrysomelidae* 4. *Chrysomelidae* 5. *Chrysomelidae* 6. *Chrysomelidae* 7. *Chrysomelidae* 8. *Chrysomelidae* 9. *Chrysomelidae* 10. *Chrysomelidae* 11. *Chrysomelidae* 12. *Chrysomelidae* 13. *Chrysomelidae* 14. *Chrysomelidae* 15. *Chrysomelidae* 16. *Chrysomelidae* 17. *Chrysomelidae* 18. *Chrysomelidae* 19. *Chrysomelidae* 20. *Chrysomelidae* 21. *Chrysomelidae* 22. *Chrysomelidae* 23. *Chrysomelidae* 24. *Chrysomelidae* 25. *Chrysomelidae* 26. *Chrysomelidae* 27. *Chrysomelidae* 28. *Chrysomelidae* 29. *Chrysomelidae* 30. *Chrysomelidae* 31. *Chrysomelidae* 32. *Chrysomelidae* 33. *Chrysomelidae* 34. *Chrysomelidae* 35. *Chrysomelidae* 36. *Chrysomelidae* 37. *Chrysomelidae* 38. *Chrysomelidae* 39. *Chrysomelidae* 40. *Chrysomelidae* 41. *Chrysomelidae* 42. *Chrysomelidae* 43. *Chrysomelidae* 44. *Chrysomelidae* 45. *Chrysomelidae* 46. *Chrysomelidae* 47. *Chrysomelidae* 48. *Chrysomelidae* 49. *Chrysomelidae* 50. *Chrysomelidae* 51. *Chrysomelidae* 52. *Chrysomelidae* 53. *Chrysomelidae* 54. *Chrysomelidae* 55. *Chrysomelidae* 56. *Chrysomelidae* 57. *Chrysomelidae* 58. *Chrysomelidae* 59. *Chrysomelidae* 60. *Chrysomelidae* 61. *Chrysomelidae* 62. *Chrysomelidae* 63. *Chrysomelidae* 64. *Chrysomelidae* 65. *Chrysomelidae* 66. *Chrysomelidae* 67. *Chrysomelidae* 68. *Chrysomelidae* 69. *Chrysomelidae* 70. *Chrysomelidae* 71. *Chrysomelidae* 72. *Chrysomelidae* 73. *Chrysomelidae* 74. *Chrysomelidae* 75. *Chrysomelidae* 76. *Chrysomelidae* 77. *Chrysomelidae* 78. *Chrysomelidae* 79. *Chrysomelidae* 80. *Chrysomelidae* 81. *Chrysomelidae* 82. *Chrysomelidae* 83. *Chrysomelidae* 84. *Chrysomelidae* 85. *Chrysomelidae* 86. *Chrysomelidae* 87. *Chrysomelidae* 88. *Chrysomelidae* 89. *Chrysomelidae* 90. *Chrysomelidae* 91. *Chrysomelidae* 92. *Chrysomelidae* 93. *Chrysomelidae* 94. *Chrysomelidae* 95. *Chrysomelidae* 96. *Chrysomelidae* 97. *Chrysomelidae* 98. *Chrysomelidae* 99. *Chrysomelidae* 100. *Chrysomelidae*

22

Important: See other side for an explanation of your appeal rights and other information. 

RF 1-52-52 1-52-110.0000

— 4 —

-UNU 6600 -01

— —

ONLY COPY AVAILABLE

copy received
12/10/74 - 1 P.M.
Morris, Duffy, Jones
+ Jensen
per CDG

Copy Rec'd
12/10/74 1:15 PM
Mellen Donnelly, Fogarty

Copy rec'd
12/10/74
Gladstein + Isaac / L. Wallace

Copy rec'd
12/10/74 3 PM
Bower + Gardner
by Allen M. Lough

More Legible Copy
✓

①
COPY RECEIVED
Paul J. Curran
UNITED STATES ATTORNEY
12/24/74

COPY RECEIVED
Paul J. Curran
UNITED STATES ATTORNEY
12/10/74